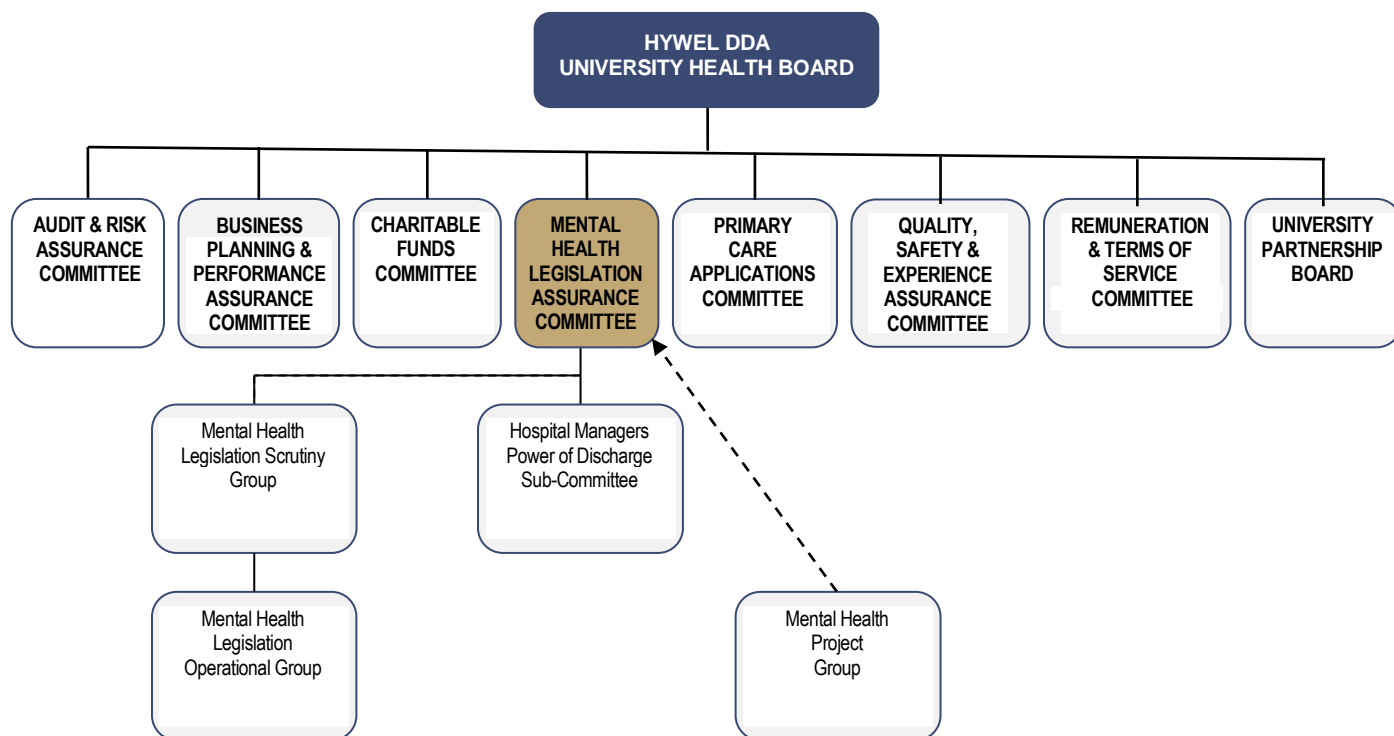


- 1 09:30 - Governance
 - Presenter:
 - 1.1 Welcome & Apologies
 - 1.2 Declarations of Interest
 - 1.3 MHLAC ToR - June 2019
 - 3. MHLAC ToR - June 2019.pdf
 - 1.4 Minutes of Previous Meeting held on 17 December 2019
 - 4. Unapproved minutes - LAC Committee Meeting - 17 12 19.pdf
 - 1.5 Revised Table of Actions from MHLAC December 2019 final
 - 5. Revised Table of Actions from MHLAC December 2019 final.pdf
- 2 10:00 - Performance
 - 2.1 MHLAC SBAR Assurance Rpt 1 Sept 20
 - 7. MHLAC SBAR Assurance Rpt 1 Sept 20.pdf
- 3 Assurance
 - 3.1 MHLAC SCRUTINY GROUP UPDATE
 - 8. MHLAC SCRUTINY GROUP UPDATE.pdf
 - 3.3 MHLAC TMH Covid Update 1 Sep 20
 - 10. MHLAC TMH Covid Update 1 Sep 20.pdf
 - 3.4 MHLAC Annual Report 19-20 approved
 - 11. MHLAC Annual Report 19-20 approved.pdf
- 4 Policies
 - 4.1 SBAR MHLAC Section 5(4) Nurses holding power policy 01 09 20
 - 12. SBAR MHLAC Section 5(4) Nurses holding power policy 01 09 20.pdf
 - 4.1.1 626-Section5-4NursesHoldingPowerPolicy V2 Aug 20
 - 12.1 626-Section5-4NursesHoldingPowerPolicy V2 Aug 20.pdf
- 6 Annual Workplan
- 7 For Information
- 8 Any Other Business
 - ↳ *Out of Area Patients/Service Users*
- 9 Date & Time of Next Meeting
 - 2 December 2020 @ 9.30am via MS Teams*



MENTAL HEALTH LEGISLATION ASSURANCE COMMITTEE

TERMS OF REFERENCE

Version	Issued To	Date	Comments
V0.1	Hywel Dda Health Board	27.09.2012	Approved
V0.2	Mental Health Act Monitoring Committee	27.11.2012	Membership amended
	Hywel Dda University Health Board	22.06.2014	In Standing Orders
V0.3	Mental Health Legislation Assurance Committee	10.09.2014	Approved
	Hywel Dda University Health Board	26.11.2015	Approved
V.0.4	Mental Health Legislation Assurance Committee	10.03.2016	Approved
V 0.5	Mental Health Legislation Assurance Committee	07.12. 2017	Amendments
V 0.6	Mental Health Legislation Assurance Committee	08.03.2018	Amendments
V 0.7	Mental Health Legislation Assurance Committee	17.09.2019	

MENTAL HEALTH LEGISLATION ASSURANCE COMMITTEE

1. Constitution

- 1.1 The Mental Health Legislation Assurance Committee (the Committee) has been established as a Committee of Hywel Dda University Health Board (HDdUHB) and constituted from 1st June 2015.

2. Membership

- 2.1 Formal membership of the Committee shall comprise of the following:

Member
Independent Member with responsibility for Mental Health (Board Vice-Chair) (Chair)
Independent Member (Vice Chair)
4 X Independent Members

- 2.2 The following should attend Committee meetings:

In Attendance
Deputy Chief Executive/ Director of Operations (Lead Director)
Director of Mental Health & Learning Disabilities Services (Lead Officer)
Associate Medical Director for Mental Health Services
Head of Nursing Mental Health & Learning Disabilities
Head of Older Adult and Learning Disability Services
Mental Health Act Administration Lead
Chair of Mental Health Legislation Scrutiny Group
Nominated representative from Dyfed/Powys Police
Nominated representative from Welsh Ambulance Services NHS Trust
Nominated representative from Carmarthenshire County Council
Nominated representative from Ceredigion County Council
Nominated representative from Pembrokeshire County Council
Nominated representative from West Wales Action for Mental Health (WWAMH)
2 x Nominated Service Users: patient representative and carer representative
Nominated representative from Primary Care: GP Lead
Nominated representative from Hywel Dda Community Health Council (not counted for quoracy purposes)
Nominated representative from Advocacy Network

- 2.3 The Vice-Chair of the University Health Board (UHB) shall undertake the role of Chair of the Mental Health Legislation Assurance Committee given their specific responsibility for overseeing the Board's performance in relation to mental health services.
- 2.4 Terms and conditions of appointment (including any remuneration and reimbursement) in respect of independent external members and service users will be determined by the Board.
- 2.5 Membership of the Committee will be reviewed on an annual basis.

3. Quorum and Attendance

- 3.1 A quorum shall consist of no less than two of the membership and must include as a minimum the Chair or Vice Chair of the Committee and one other Independent Member, together with a third of the In Attendance Members.
- 3.2 The membership of the Committee shall be determined by the Board, based on the recommendation of the UHB Chair, taking into account the balance of skills and expertise necessary to deliver the Committee's remit, and subject to any specific requirements or directions made by the Welsh Government.
- 3.3 Any senior officer of the UHB or partner organisation may, where appropriate, be invited to attend, for either all or part of a meeting to assist with discussions on a particular matter.
- 3.4 The Committee may also co-opt additional independent 'external' experts from outside the organisation to provide specialist skills.
- 3.5 Should any officer member be unavailable to attend, they may nominate a deputy with full voting rights to attend in their place, subject to the agreement of the Chair.
- 3.6 The Chairman of the UHB reserves the right to attend any of the Committee's meetings as an ex officio member.
- 3.7 The Head of Internal Audit shall have unrestricted and confidential access to the Chair of the Mental Health Legislation Assurance Committee.
- 3.8 The Committee can arrange to meet with Internal Audit and External Audit (and, as appropriate, nominated representatives of Healthcare Inspectorate Wales), without the presence of officers, as required.
- 3.9 The Chair of the Mental Health Legislation Assurance Committee shall have reasonable access to Executive Directors and other relevant senior staff.
- 3.10 The Committee may ask any or all of those who normally attend but who are not members to withdraw to facilitate open and frank discussion of particular matters.

4. Purpose

The purpose of the Mental Health Legislation Assurance Committee is to assure the Board on the following:

- 4.1 Those functions of the Mental Health Act 1983, as amended, which have been delegated to officers and staff are being carried out correctly; and that the wider operation of the 1983 Act in relation to the UHB's area is operating properly;
- 4.2 The provisions of the Mental Health (Wales) Measure 2010 are implemented and exercised reasonably, fairly and lawfully;
- 4.3 The UHB's responsibilities as Hospital Managers are being discharged effectively and lawfully;
- 4.4 The UHB is compliant with Mental Health Act, 1983 Code of Practice for Wales;
- 4.5 The Committee will also advise the Board of any areas of concern in relation to compliance with mental health legislation and agree issues to be escalated to the Board with recommendations for action.

5. Key Responsibilities

In respect of its provision of advice to the Board, the Mental Health Legislation Assurance Committee shall:

- 5.1 Review reports from Healthcare Inspectorate Wales visits, the Delivery Unit and other external scrutiny bodies and approve the action plans for monitoring through its sub-committee structure;
- 5.2 Review the Mental Health & Learning Disabilities Risk Register bi-annually to ensure that risks relating to compliance with mental health legislation are being appropriately managed by Mental Health Legislation Scrutiny Group;
- 5.3 Receive Mental Health Legislation Scrutiny Group Update Report and Minutes from previous meeting.
- 5.4 Consider issues arising from its Sub-Committee and Group structure;
- 5.5 Receive the Hywel Dda Mental Health Partnership Board Annual Report and consider issues in relation to the implementation of the Mental Health Strategy across the Hywel Dda area;
- 5.6 Receive update reports from the Mental Health Programme Group on improvement programmes for high quality, safe and sustainable mental health services which are consistent with the Board's overall strategic direction.
- 5.7 Receive Hospital Manager's Power of Discharge Committee Update Report & Minutes from previous meeting. This report should ensure compliance with the Code of Practice.

In respect of its provision of assurance to the Board, the Mental Health Legislation Assurance Committee will seek assurances that:

- 5.8 The operation of mental health legislation is exercised fairly and lawfully and that specific issues related to compliance are managed through its Sub-Committee and Group structure;

- 5.9 The wider operation of the 1983 Act (the Board's delegated functions as Hospital Managers) are being exercised reasonably, fairly and lawfully and that specific issues related to compliance are managed through its Sub-Committee and Group structure;
- 5.10 Identified matters of risk relating to compliance with mental health legislation are being appropriately mitigated;
- 5.11 Arrangements for the delegated authority of approval for Approved Clinicians and Section 12 Doctors in Wales are compliant with the Directions and Guidance from Welsh Government, and are monitored through the Mental Health Legislation Scrutiny Group;
- 5.12 Policies and procedures are developed and approved in line with the organisation's Written Control Document Policy, through the Mental Health Legislation Scrutiny Group;
- 5.13 The training requirements of those staff who exercise the functions of mental health legislation have the requisite skills and competencies to discharge the Board's responsibilities, through the Mental Health Legislation Scrutiny Group;
- 5.14 Ensure that relevant legislation, in particular, the Human Rights Act 1998, the Equality Act 2010, and the Data Protection Act 1998, are adhered to.

6. Agenda and Papers

- 6.1 The Committee Secretary is to hold an agenda setting meeting with the Chair and/or Vice-Chair and Lead Director/Lead Officer at least **six** weeks before the meeting date.
- 6.2 The agenda will be based around the Committee work plan, identified risks, matters arising from previous meetings, issues emerging throughout the year, and requests from Committee members. Following approval, the agenda and timetable for request of papers will be circulated to all Committee members.
- 6.3 All papers must be approved by the Lead Officer.
- 6.4 The agenda and papers will be distributed **seven** days in advance of the meeting.
- 6.5 The minutes and action log will be circulated to members within **ten** days to check the accuracy.
- 6.6 Members must forward amendments to the Committee Secretary within the next **seven** days. The Committee Secretary will then forward the final version to the Committee Chair for approval.

7. In Committee

- 7.1 The Committee can operate with an In Committee function to receive updates on the management of sensitive and/or confidential information.

8. Frequency of Meetings

- 8.1 The Committee will meet quarterly and shall agree an annual schedule of meetings. Any additional meetings will be arranged as determined by the Chair of the Committee in discussion with the Lead Executive.
- 8.2 The Chair of the Committee, in discussion with the Committee Secretary, shall determine the time and the place of meetings of the Committee and procedures of such meetings.

9. Accountability, Responsibility and Authority

- 9.1 Although the Board has delegated authority to the Committee for the exercise of certain functions, as set out within these Terms of Reference, it retains overall responsibility and accountability for ensuring the quality and safety of healthcare for its citizens through the effective governance of the organisation.
- 9.2 The Committee is directly accountable to the Board for its performance in exercising the functions set out in these terms of reference.
- 9.3 The Committee shall embed the UHB's vision, corporate standards, priorities and requirements, e.g. equality and human rights, through the conduct of its business.
- 9.4 The requirements for the conduct of business as set out in the UHB's Standing Orders are equally applicable to the operation of the Committee.

10. Reporting

- 10.1 The Committee, through its Chair and members, shall work closely with the Board's other Committees, including joint/sub-committees and groups, to provide advice and assurance to the Board through the:
 - 10.1.1 joint planning and co-ordination of Board and Committee business;
 - 10.1.2 sharing of information.
- 10.2 In doing so, the Committee shall contribute to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Board's overall risk and assurance framework.
- 10.3 The Committee may establish Sub-Committees or Groups to carry out on its behalf specific aspects of Committee business. The Committee will receive an update following each Sub-Committee or Group meeting detailing the business undertaken on its behalf. The Sub-Committee reporting to this Committee is:
 - 10.3.1 Hospital Managers Power of Discharge Sub-Committee
 - 10.3.2 Mental Health Legislation Scrutiny Group
- 10.4 The Committee Chair, supported by the Committee Secretary, shall:
 - 10.4.1 Report formally, regularly and on a timely basis to the Board on the Committee's activities. This includes the submission of a Committee update paper, as well as the presentation of an annual report within six weeks of the end of the financial year.
 - 10.4.2 Bring to the Board's specific attention any significant matter under consideration by the Committee.
 - 10.4.3 Ensure appropriate escalation arrangements are in place to alert the UHB Chair, Chief Executive or Chairs of other relevant Committees, of any urgent/critical matters that may compromise patient care and affect the operation and/or reputation of the UHB.

- 10.5 The Board Secretary, on behalf of the Board, shall oversee a process of regular and rigorous self assessment and evaluation of the Committee's performance and operation, including that of any sub-committees established.

11. Secretarial Support

- 11.1 The Committee Secretary shall be determined by the Lead Director (Deputy Chief Executive/Director of Operations) and will be supported by the Lead Officer (Director of Mental Health and Learning Disabilities).

12. Review Date

- 12.1 These terms of reference and operating arrangements shall be reviewed on at least an annual basis by the Committee for approval by the Board.



COFNODION Y CYFARFOD
PWYLLGOR SICRWYDD DEDDFWRIAETH IECHYD MEDDWL
HEB EU CYMERADWYO / UNAPPROVED
MINUTES OF THE
MENTAL HEALTH LEGISLATION ASSURANCE COMMITTEE (MHLAC)

Date and Time of Meeting:	9.30 – 12.30, Tuesday 17 th December 2019
Venue:	Board Room, Ystwyth, St David's Park, Carmarthen SA31 3BB

Present:	<ul style="list-style-type: none"> Mrs Judith Hardisty, Vice Chair of Hywel Dda University Health Board (Chair) Mr Mike Lewis, Independent Member Mr Paul Newman, Independent Member
In Attendance:	<ul style="list-style-type: none"> Ms Angie Darlington, WWAMH Mr Clive Smith, Carer Representative Ms Jane Hitchings, Pembrokeshire Local Authority Mr Andrew Carruthers, Director of Operations Ms Liz Carroll, Director of Mental Health & Learning Disabilities Miss Melanie Evans, Head of Service, Older Adult Mental Health & Learning Disabilities Mrs Sarah Roberts, Mental Health Act Admin Manager Mr Richard Jones, Head of Clinical Innovation and Strategy, MH&LD Mrs Sara Rees, Head of Service Adult Mental Health Ms Carina Giannuzzi, Dyfed Powys Police Mrs Michelle Morris, Administration Manager MH&LD (Secretariat) Mrs Alison Richards, Administration Manager MH&LD (Secretariat)

Agenda Item	Introductions and Apologies for Absence	Action
MHLAC(19)54	<p>Mrs Judith Hardisty welcomed all to the meeting and introduced herself as Vice Chair of the Board. Mrs Hardisty welcomed Mr Andrew Carruthers to the meeting. The following apologies for absence were received:</p> <ul style="list-style-type: none"> Mr Simon Hancock, Independent Member Mrs Delyth Raynsford, Independent Member 	

MHLAC(19)55	Declarations of Interests	
	No declarations of interest were made.	

MHLAC(19)56	<p>The minutes of the meeting held on 17th September 2019 were APPROVED as an accurate reflection of the previous meeting.</p> <p>Mr Clive Smith made reference to the Terms of Reference noting that there is not full assurance of compliance and this needs to be amended. Mr Smith also asked the Committee to consider how it guides scrutiny and brings it together and then advice MHLAC. Ms Liz Carroll advised this would be picked up in the work plan.</p>	
	The Committee NOTED and APPROVED the minutes from the previous MHLAC meeting in September 2019.	

MHLAC(19)57	Matters Arising, including Table of Actions from the Minutes of the Meeting held on 17th September 2019	
MHLAC (18) 44	<p>The Table of Actions was reviewed and the following noted:</p> <p>Mrs Sara Rees informed that there was no longer a Subcommittee. The members were informed that Ms Mandy Rayani is currently in discussions with Mrs Hardisty and Mr Carruthers with regards to works to be undertaken within the Directorate Structure.</p> <p>Members were informed that the Mental Health Legislation post is currently in recruitment stages.</p> <p>Mrs Rees advised that all groups would be reviewed with members being utilised as they should within the structure.</p> <p>Mr Smith questioned the Code of Practice within the Mental Health Act and if the Welsh Code of Practice was effective</p> <ul style="list-style-type: none"> • Care and Treatment Plan's (CTP) not complaint with the Measure • March 2017 / July 2018 reports condemning the Measure due to timeliness not being achieved <p>Mr Smith seeking assurance from our "go to" Committees in our Terms of Reference's to ask what, when and how they reach their conclusions</p> <p>Ms Carroll informed that the group would look at governance.</p> <p>Mrs Hardisty assured the quality of service being delivered via a workshop approach with plans to address what is not being met within the structure.</p> <p>Mrs Hardisty advised to look at Scrutiny Group – which is to be discussed further with the MH Partnership Board.</p> <p>Assurance and Risks - Workshop to look at Specialist Children and Adolescent Mental Health Services and Older Adult Mental Health Services (CAMHS and OAMHS) as well as Adult with Ms Rayani and her team supporting this in early January.</p> <p>Mr Newman advised that Conclusions and Recommendations are finalised to report to the Board in January 2020 for signing off in March 2020 with all Terms of Reference being agreed then.</p> <p>Ms Angie Darlington discussed Carer Involvement – Care Coordination Training for the Third Sector carer involvement.</p> <p>Delivery Unit review CRT's across Wales with discharge planning in the next two years.</p> <p>Mrs Rees discussed readmission data and pathways – CTP consideration / scrutiny issues are addressed – Committee assurance given.</p>	LC/AC
	The Committee NOTED the MHLAC Table of Actions.	
MHLAC(19)58	MHLAC Terms of Reference	
	The committee structure is currently being reviewed by Maria Battle (Chair) so the Terms of Reference should be reviewed once the revised structure is confirmed by the Board.	

	The Committee NOTED the content of the MHLAC Terms of Reference may be amended once reviewed.	
MHLAC(19)59	PRESENTATION & DISCUSSION Staff Story	
	Deferred to March 2020 MHLAC. Mrs Rees to take forward.	SR
MHLAC(19)60	PERFORMANCE MHLD Performance Paper Q2 2019-20 Performance Dashboard	
	<ul style="list-style-type: none"> Mrs Sarah Roberts presented the performance paper and performance dashboard for Quarter 2 (July 2019 – September 2019). <p>Highlights include:</p> <ul style="list-style-type: none"> Use of Section 2 has decreased during the quarter (73 compared to 88 for the previous quarter). There was no change in the use of Section 3 (35) and sixteen patients subject to Section 2 had their sections converted to Section 3. Section 5(4) and 5(2) have decreased. There was a decrease in rectifiable errors on Section papers (Section 15) which was pleasing to note Use of Section 136 has increased (75 compared to 48 for the previous quarter). The UHB was not compliant with Part 4 of the measure in July and September. <p>Mrs Hardisty invited questions from the group.</p> <p>Mr Newman requested that an error be amended, use of Section 135/6 has increased not decreased (page 5).</p> <p>Mrs Roberts asked does Ms Darlington provide feedback to service users for Part Three of the Measure. Ms Darlington confirmed this which also increases awareness of their rights.</p> <p>Mr Newman asked was anyone tasked with ensuring Part One meets the timeframes and does the activity prove more visibility under the measure. Ms Carroll stated that it is possible to quantify those who are assessed under Part One and then go on to intervention under Part One of the measure. What we need to be able to describe is what the outcome is for those individuals who are not offered a psychological intervention under Part One of the measure.</p> <p>Mr Newman stated figures are helpful to plan demands on the service. Ms Carroll suggested that CAMHS retrospective figures are separated for part one and CTP for part two as well. Mr Richard Jones will look at the way we collect data and how this can be used to plan services. Mrs Hardisty confirmed separate CAMHS and MH would be useful to determine trends.</p>	<p>SR</p> <p>RJ</p>

	<p>The Committee was ASSURED that MHLAC has complied with duties through the Terms of Reference set and identified key actions to address developments.</p> <p>The Committee was ASSURED that activity is closely monitored and that practice is compliant with the requirements of The Measure.</p>	
MHLAC(19)61	<p>ASSURANCE Scrutiny Group Update</p> <p>Mrs Rees reported that The Scrutiny Group does not look as it should at present as there is a lack of capacity to look at and consider all agenda items. The meeting has already been extended to two and a half hours and there is still no capacity to go through the agenda in detail. Mrs Rees suggested the format move to more of an Exception Report rather than minutes and that the format of the meeting should change to a workshop for the second half. Both Mrs Hardisty and Mr Newman agreed the workshop format would be useful.</p> <p>Mr Newman advised the Scrutiny Group to look at priority areas – to include Guides and Codes of Practice in key areas and suggested there were subjective judgements made on outcomes as Scrutiny Group experts.</p> <ul style="list-style-type: none"> • Reports to advise on how we achieve outcomes – are we achieving on quality and safety <p>Mrs Hardisty recommended proposing to accept the five priority areas as a Committee.</p> <p>Mrs Hardisty would like the Scrutiny Group to continue to make recommendations in the areas identified with clarity on covering areas of concern and advice on assurance. Mr Smith asked for terms to be clarified. Mrs Hardisty and Ms Darlington also thanked Mrs Sara Rees for Chairing the Scrutiny Group.</p> <p>The Committee NOTED the content of the Scrutiny Group Update Report, Minutes and Terms of Reference and was ASSURED that the group is progressing well and processes are being duly monitored.</p>	SR
MHLAC(19)62	<p>Report on Learning Disabilities Services Hywel Dda Learning Disabilities Service Improvement Programme</p> <p>Miss Melanie Evans presented a presentation for the Improvement Programme for improvements to the Service and the continuation of in-patient services and the role and function of the Community Team.</p> <ul style="list-style-type: none"> • The content of the Learning Disabilities (LD) Charter from the 'Dream Team' will be set as the goal now for Learning Disabilities and there will be no funding for anything that does not meet the Charter and its' goals. • There is a twelve month review in patient provision in LD by the University Health Board. • The Bevan Commission has agreed to support the pilot for intensive support services. • The activity data shows at present there is little patient contact compared with a lot of travel time. 	

	<ul style="list-style-type: none"> Commissioned Services work with Continuing Health Care and at present 93% of placements are in Wales, with the remaining 7% out of county needing highly specialist service care. Staffing within LD was very much 'top down' and this will be looked at over the next six months via an Organisational Change Process to rebalance the top heavy service working closely with TMH and Acute services. <p>Mrs Hardisty thanked Miss Evans for the amount of progress so far. Mr Newman had three questions for Miss Evans.</p> <ol style="list-style-type: none"> 1. What is the work on demand levels for future prevalence data? 2. How are carers involved in the compliance of the LD Charter? 3. Where are you in relation to finance? <p>Miss Evans responded;</p> <ol style="list-style-type: none"> 1. Demand in prevalence data is identifying gaps, staff caseloads and lack of data input mean no figures are available. 2. LD have engaged with Peoples First in Pembrokeshire and Carmarthen developing specific programmes with carers and gaining their view. 3. TMH are within the cash envelope and no additional finance required a present. Cost savings also have to be looked at as per HB. The remodelling has not been fully costed yet. There is also a concern with MH&LD service users on the autistic spectrum and Autistic Spectrum Disorder who are out of County are not receiving the right treatment. Miss Evans to work towards intervention at an earlier age. 	
	The Committee NOTED the content of the Learning Disabilities Presentation.	

MHLAC(19)63	CAMHS Admission and Patient Pathway	
	Deferred to March 2020 MHLAC. Ms Carroll to discuss with Mrs Angela Lodwick.	AL

MHLAC(19)64	POLICIES	
	No policies were received.	
	The Committee NOTED there were no policies received for discussion.	

MHLAC(19)65	Annual Work Plan	
	The annual work plan has been returned for amendment as per action plan.	
	The Committee NOTED the content of the Annual Work Plan.	

MHLAC(19)66	For Information National Assembly for Wales Health, Social Care and Sport Committee – Mental Health in Policing and Police Custody	
	The National Assembly for Wales Health, Social Care and Sport Committee – Mental Health in Policing and Police Custody was presented by Mrs Roberts for information.	
	The Committee NOTED the content of the National Assembly for Wales Health, Social Care and Sport Committee – Mental Health in Policing and Police Custody.	
MHLAC(19)67	For Information Mental Health Review Tribunal for Wales Practice Direction	
	The Mental Health Review Tribunal for Wales Practice Direction was presented by Mrs Roberts for Information.	
	The Committee NOTED the content of the Mental Health Review Tribunal for Wales Practice Direction.	
MHLAC(19)68	Any Other Business	
	Mrs Hardisty formally thanked Mrs Rees for her role in taking forward the Scrutiny Group.	
MHLAC(19)69	Date, Time and Venue of Next Meeting	
	The next meeting of the Mental Health Legislation Assurance Committee will be held on a date to be confirmed in April 2020 .	

TABLE OF ACTIONS FROM
MENTAL HEALTH LEGISLATION ASSURANCE COMMITTEE
HELD ON 17th DECEMBER 2019

MINUTE REFERENCE	ACTION	LEAD	TIMESCALE	PROGRESS
MHLAC (18)44	<p>Mrs Rayani is currently in discussion with Mrs Hardisty and Mr Carruthers with regards to the Directorate Structure.</p> <p>All groups should undertake a review to ensure no repeat of work already undertaken.</p> <p>LC to review governance of Sub-Committees and process of conclusions.</p>	<p>LC/AC</p> <p>LC</p>	<p>March 2020</p> <p>March 2020</p>	<p>Band 7 Legislation post to be advertised in the New Year.</p>
MHLAC (19)58	The MHLAC Terms of Reference were reviewed. Conclusions and recommendations to be finalised to report to Board in January 2020 for sign off in March 2020 with all Terms of Reference being agreed then.	MB	March 2020	The Committee structure is currently being reviewed by Maria Battle (Chair) so the Terms of Reference will be reviewed at the March meeting.
MHLAC (19)59	Staff Story	SR	March 2020	Deferred to next meeting.
MHLAC (19)60	CAMHS retrospective figures to be separated for Part One and Part Two. Separating CAMHS from MH would be useful to determine trends.	RJ	March 2020	RJ to look at how data is collected and how this can be used to plan services.
MHLAC (19)61	Scrutiny Group format to move to Exception reporting rather than minutes and format to change to include a workshop.	SR	June 2020	
MHLAC (19)63	CAMHS Admission and Patient Pathway – Deferred to March meeting.	AL	March 2020	LC to discuss with AL.

PWYLLGOR MONITRO'R DDEDDF IECHYD MEDDWL MENTAL HEALTH LEGISLATION ASSURANCE COMMITTEE

DYDDIAD Y CYFARFOD: DATE OF MEETING:	1 st September 2020
EITEM AR YR AGENDA: TITLE OF REPORT:	Mental Health Legislation Assurance Committee Quarterly Performance Report. Quarter 1, April – June 2020
ARWEINYDD CYFARWYDDWR: EXECUTIVE LEAD:	Mr Andrew Carruthers, Director of Operations
SWYDDOG ADRODD: REPORTING OFFICER:	Ms Liz Carroll, Director MH&LD, Lead Officer

**Pwrpas yr Adroddiad (dewiswch fel yn addas)
Purpose of the Report (select as appropriate)**

For information

ADRODDIAD SCAA SBAR REPORT

Sefyllfa / Situation

The purpose of the paper is to present to the Mental Health Legislation Assurance Committee the quarterly Mental Health Performance Report in relation to statutory mental health legislation in Wales including:

- The Mental Health Act (1983), as amended;
- The Mental Health (Wales) Measure 2010;

The paper also includes assurance of other work carried out by the Mental Health and Learning Disabilities Directorate where related to mental health legislation.

Cefndir / Background

This Report provides assurance in respect of the work that has been undertaken by Mental Health and Learning Disabilities Services during the quarter, that those functions of the Mental Health Act 1983, and the Mental Health (Wales) Measure 2010) which have been delegated to officers and staff, are being carried out correctly.

This report is prepared following the quarterly meeting of the Mental Health Legislation Scrutiny Group. The purpose of this Group is to allow senior managers and clinicians from Hywel Dda University Health Board, its partner agencies and other stakeholders to scrutinise the University Health Board's (UHB) performance, to highlight areas of good practice, and any areas of concern that must be brought to the Committee's attention.

Assesiad / Assessment

Summary

The report outlines how the Mental Legislation Assurance Committee has complied with the duties through the Terms of Reference set, and also identifies key actions to address developments.

The Mental Health Act, 1983

Any exceptions highlighted in the Mental Health Act activity report are intended to raise the Committee's awareness of matters relating to the functions of hospital managers and give

assurance that the care and treatment of patients detained in Hywel Dda University Health Board and those subject to a community treatment order is only as the Act allows. Rates of detention under different sections of the MHA typically fluctuate between each quarter therefore only significant points are highlighted here.

Covid 19 Impact on the Act

The Coronavirus Act 2020 allowed for a temporary modification of the Mental Health Act in circumstances where compliance with certain procedural requirements would be either “impractical” or would involve “undesirable delay” during the pandemic period. This meant that the modifications would only be “switched on” if and when the impact of Covid-19 meant that the continued operation of the Act would be affected to such a degree that it would delay timely access to mental health assessment and/or treatment in hospital and could pose a risk of harm to the health and safety of individuals.

To date it has not become necessary to enact the above and therefore no temporary changes to the Act ensued. However, other operations within the Act were modified.

MHRT hearings

In March 2020 Mental Health Review Tribunal for Wales issued a temporary Practice Direction (valid for 6 months) in relation to Covid 19 to enable an adjustment in the way they operated. The changes resulted in the suspension of preliminary examinations by a medical member and all hearings taking place being done so via telephone conference calls.

Whilst there were a slight decrease in numbers of applications to the MHRTfW all patients had the same opportunity to appeal and access to legal representatives by telephone prior to hearings taking place.

Hospital Managers reviews

In early March prior to WHO announcing a pandemic the Mental Health Act Administration Lead took the decision on behalf of the hospital managers to hold all hearings via Skype in order to limit the spread of the virus.

In April Welsh Government issued guidance for Health Boards and Independent Hospitals around the functions of Hospital Managers discharge powers. They advised where a patient's case was being reviewed by the MHRTfW a further hospital managers hearing 6-8 weeks either side was not necessary and could be considered a duplication. The patients' right to liberty as set out in Article 5(4) ultimately is still being protected.

In line with the above guidance no hospital managers were cancelled during this quarter and all renewal hearings took place as documented within the report. All hearings took place via Skype however most members are using the telephone facilities as opposed to video. Concerns have been raised regarding this as video conference facilities for patients would be preferred. In August video conference facilities (Microsoft Teams) for Hospital Managers were made available so from September onwards all hearings will be undertaken in this format.

Healthcare Inspectorate Wales (HIW) – SOAD service change

With effect from 27 March 2020 HIW issued guidance on the interim methodology for second opinions. As a result all physical visits by SOADs were suspended and SOAD requests required additional information. Certificates were provided electronically directly to MHA administration teams.

The above changes have had a positive impact on the process in that certificates are generally being issued in a more timely manner.

MHLD Leave and Visiting Arrangements

Leave and visiting arrangements within the Health Board were amended in March 2020 in order to protect both patient and staff safety in wards areas. At that time all leave and visiting was suspended and wards were given additional l pads to enable contact with family and friends.

The effect of these amendments resulted in reduction of Section 17 leave granted during this period. However, some patients were granted longer term section 17 leave in March who were then monitored by the community teams.

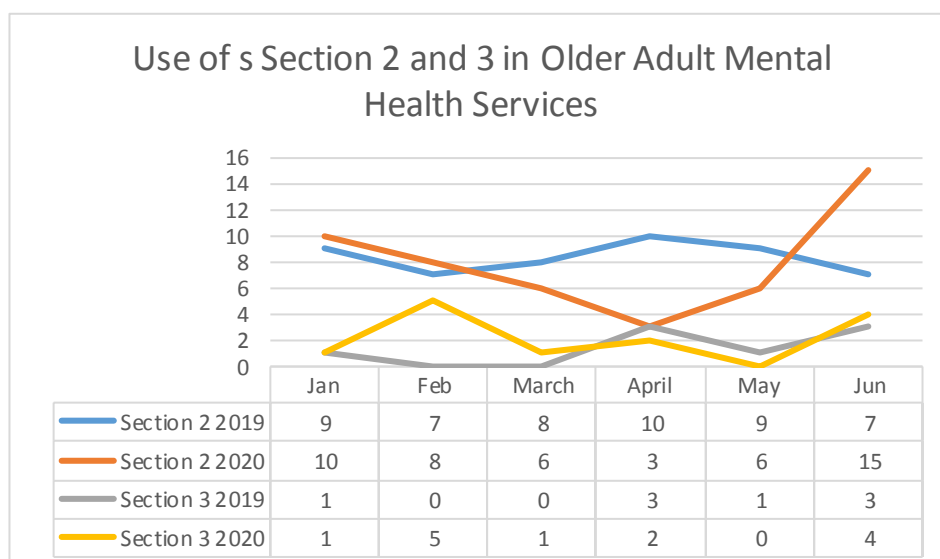
As expected it also meant that ward doors were locked constantly throughout this period and whilst no specific exclusion of visitors were reported there was an overriding limit on visitors to all units.

Overall, the use of the Act has remain largely unchanged with constant levels of applications, changes in legal status and discharges under the Act. Detained patients have continued to be provided with their legal rights and supported by IMHAs and legal representatives when requested.

A more detailed breakdown of the Act is as follows.

Section 2¹ and Section 3² are the most commonly used sections of the Act in the detention for assessment and treatment of individuals suffering from a mental disorder.

Detentions under S.2 and 3

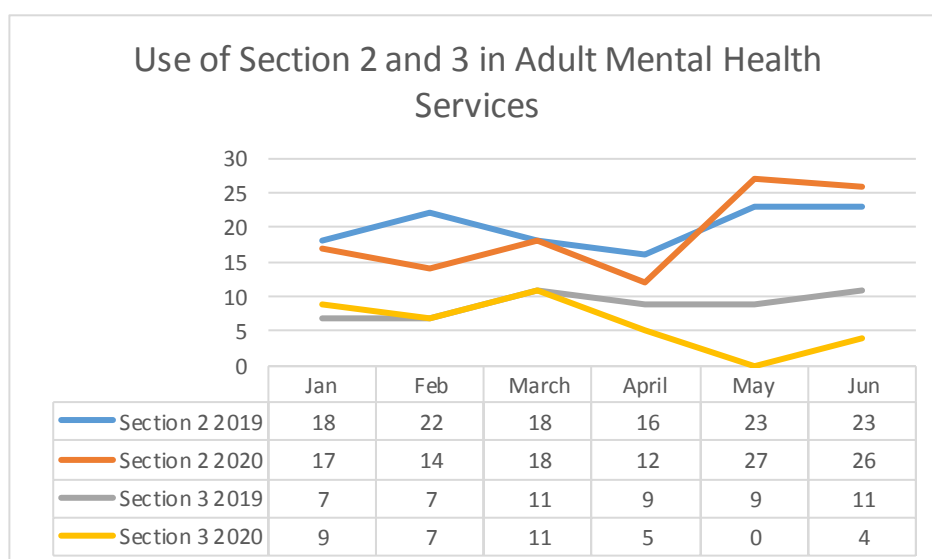


- Whilst overall the number of detentions under both section 2 and section 3 remain relatively consistent in older adult services with previous quarters there was an increase in the use of section 3 February this year compared to 2019. There was also a slight

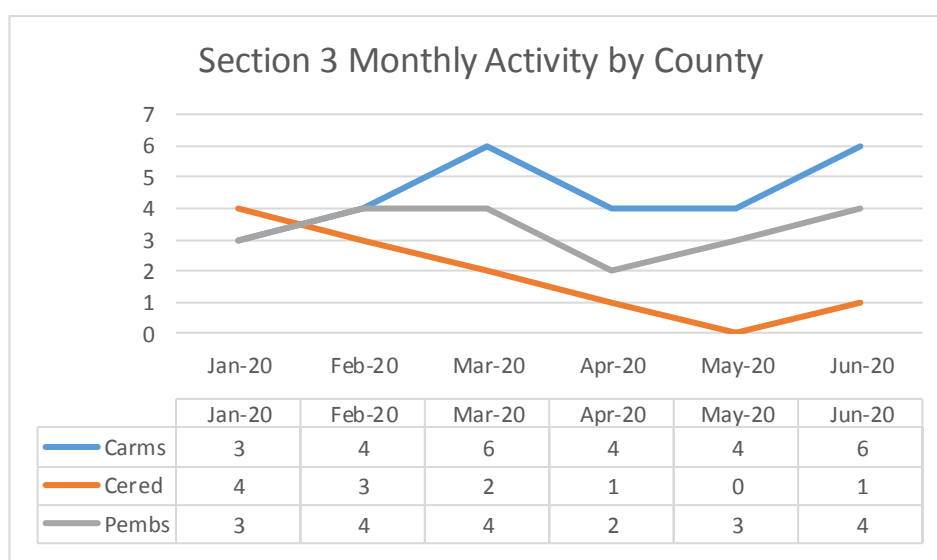
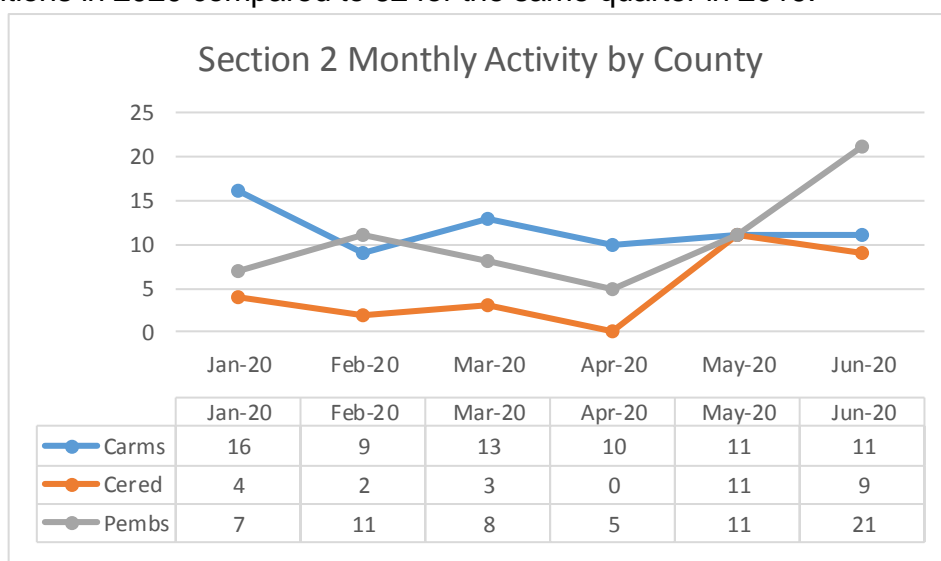
¹ Section 2 of the Act allows for a period of detention in hospital for up to 28 days for assessment and treatment.

² Section 3 of the Act allows for a period of detention in hospital for up to six months for treatment and may be renewed.

decrease in detentions under both section 2 and 3 during the months of April and May 2020 compared to 2019 figures.



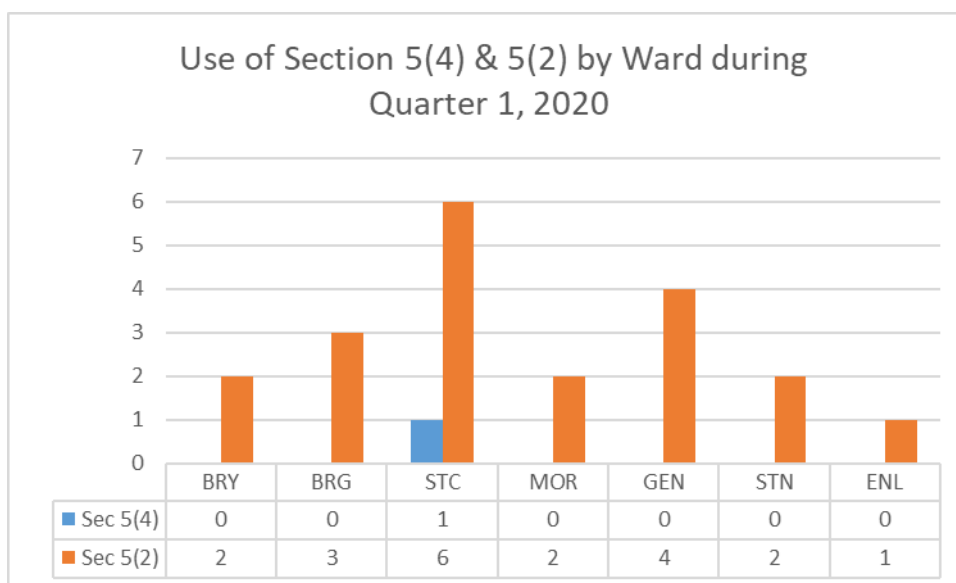
- Use of Section 3 in adult services has seen a decrease when compared to the same period in 2019 however the use of Section 2 overall has remained consistent with 65 detentions in 2020 compared to 62 for the same quarter in 2019.



- New detentions under the MHA within the learning disability services remain extremely low. During this last quarter there has been one new detention under Section 2.
- Overall use of section 2 during this quarter has increased 90 compared to 73 for the previous quarter.
- 46 patients were admitted to a ward directly from the community.
- 1 patient were transferred in from another hospitals outside the health board which is lower than average.
- 15 out of 25 patients detained under section 2 during this quarter went on to Section 3 for treatment.
- There were 5 admissions under section 4 during this quarter (1 x older adult services, 4 adult services). This figures is consistent with the same period in 2019 when there were 5 admissions under section 4 all to adult services.

A suggestion would be that the Committee requests the MH Scrutiny Group to focus on what is happening to people prior to their admission under Section 2, the level of activity, service input and if we could have avoided any detentions.

Holding Powers - detentions under Section 5



- Section 5(4)³ was used on one occasion during this quarter compared with twice in the previous quarter.
- The patient was further detained under the Mental Health Act following assessment.
- Section 5(2)⁴ was used on 20 occasions during this quarter which compares to 23 in the last quarter.

³ Section 5(4) allows for a mental health and learning disability nurse to hold an in-patient up to 6 hours to allow for a decision to be made whether an application for detention should be made.

⁴ Section 5(2) grants a doctor in both mental health and general hospital ward settings to hold an inpatient for up to 72 hours to make a decision whether an application for detention should be made.

- Section 5(2) was used in adult MH ward settings on 11 occasions older adult MH ward settings on 5 occasions and in a general hospital ward setting on 4 occasions.
- 80% of these assessments were carried out within 60 hours.
- 80% of those patients were further detained on Section 2 or 3 which compares to 65% in the previous quarter.

Detention without authority or Invalid Detentions

- 57 statutory documents were medically scrutinised
- 17 rectifiable errors were made on medical documents under section 15, MHA which allows corrections to be carried out within the statutory time limits (14 days).
- Other errors not covered under Section 15 includes:-
 - HO14 (nurse receiving papers) – 27 occasions (errors include wrong parts being completed, missing patient names, blank boxes where the section should be inserted.
 - HO12s holding powers – 9 occasions (errors include papers not being received, reasons not covered, full hospital information not provided)
 - Applications for Section 2 or 3 made by AMHPs (errors included missing information, wrong local authority details and not giving reasons why no doctor with previous acquaintance had been used).
- There were five invalid detentions –
 - Section 4 – patient admitted after 24 hours following medical examination
 - Section 2- (i) NHS doctor did not sign medical recommendation
(ii) No HO14 completed to receive papers (transferred in)
(iii) Application made out to wrong hospital
 - Section 3 – two medical examinations more than 5 days apart

	Jul – Sep 19	Oct – Dec 19	Jan – Mar 20	Apr – Jun 20
Detention Papers	142	131	147	107
Rectifiable Errors	50	26	47	58
Non Rectifiable Errors	1	1	2	5

The use of Section 135/6⁵

The number of occasions that Section 135/6 has been used with the UHB has decreased compared to the previous quarter (48 occasions compared to 75). The Section 136 activity is discussed at the Section 136 review group.

Use of Section 135/6 has decreased during this period - 41 occasions compared to 66 occasions in the last quarter. This was expected during lockdown with less people being out in public places.

- Under the Transforming Mental Health Services project Gorwelion Resource Centre in Aberystwyth is a recognised place of safety with a functioning Section 136 suite. This was used for the first occasion during this quarter. The outcome of the assessment was the person was discharged with a community/outpatient care plan.
- No assessments were extended over 24 hours.

⁵ Section 136 allows a police officer to remove a person to a place of safety, if the person appears to be suffering from a mental disorder and to be in immediate need of care or control.

- There was one detention to police custody where the outcome of the assessment was an informal admission to hospital.
- Section 135(1)⁶ was used on three separate occasions with all resulting in admissions to hospital under the powers of the Mental Health Act.

A more detailed analysis of the use of Section 136 is detailed below providing information on which persons were previously known to MH&LD services, the follow up they received following the Section 136 and whether or not they had a care and treatment plan or were care co-ordinated. The Committee via the MH Scrutiny Group needs to understand person's experience of being detained. A suggestion would be that the MH Scrutiny Group focuses on how we measure this.

2020/21 QTR 1		APR	MAY	JUN	TOTAL
SEC 136 MONTHLY ACTIVITY					
COUNTY	CARMS	6	3	8	17
	PEMBS	1	7	8	16
	CERED	2	2	1	5
PLACE OF SAFETY	BRYNGOFAL	9	9	12	30
	ST CARADOG		2	1	3
	GORWELION		1		1
	GEN HOSP			3	3
	CUSTODY			1	1
M/F/O	MALE	3	6	8	17
	FEMALE	6	4	9	19
	OTHER		2		2
OUTCOME	DETAINED	5	5	7	17
	VOLUNTARY ADMISSION		1	3	4
	DISCHARGED	1		2	3
	Discharged & Referred to Services	3	6	5	14
KNOWN TO SERVICE	NO	1	2	1	4
	YES	8	10	16	34
	CARE CO-ORDINATED	2	4	8	14
	CTP IN PLACE	2	3	5	10
FOLLOW UP	Admitted within 8 weeks as an inpatient		1	2	3

⁶ Section 135(1) is a warrant provided by a magistrate authorising a police officer to lawfully remove a person from a private premises and remove them to a place of safety. Evidence will have been provided that there is cause to suspect the person to be suffering from a mental disorder.

S-CAMHS admissions to age-appropriate beds

In line with the Welsh Government document “Admission Guidance”, HDUHB has in place a robust Admission Policy/ Pathway outlining the process for admitting any young person into an adult mental health ward. The guidance stipulates that the Health Board must have a designated unit and within HDUHB this is Morlais Ward on the Glangwili Hospital campus.

A new protocol has been approved to meet this statutory requirement which will ensure compliance against Welsh Government expectations.

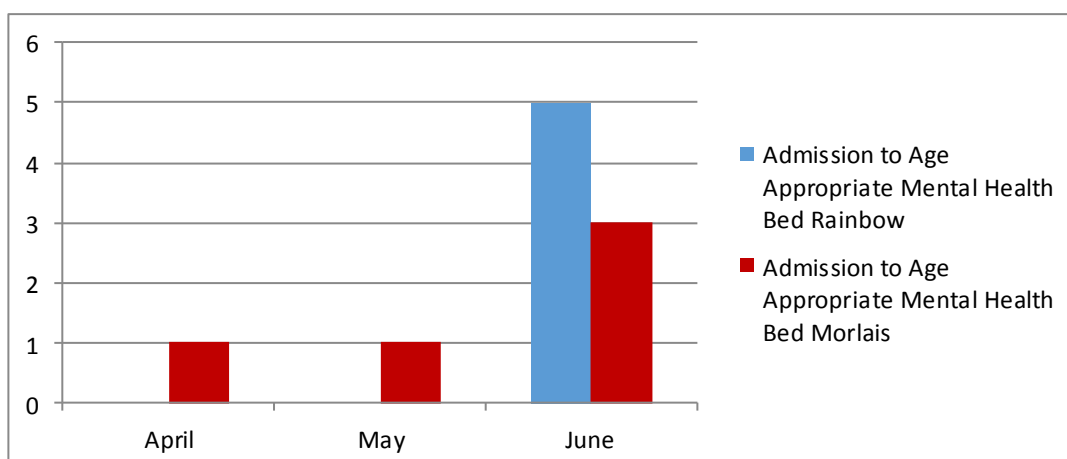
Admission to an adult mental health ward can be a frightening experience and every attempt is made to consider the least restrictive alternative for admission. In the majority of cases as young person is admitted to the designated unit on Cilgerran Ward support by staff from the mental health unit.

In line with the guidance, the staff have received additional training in safeguarding young people and in addition the staff on Morlais ward have all undertaken the following:

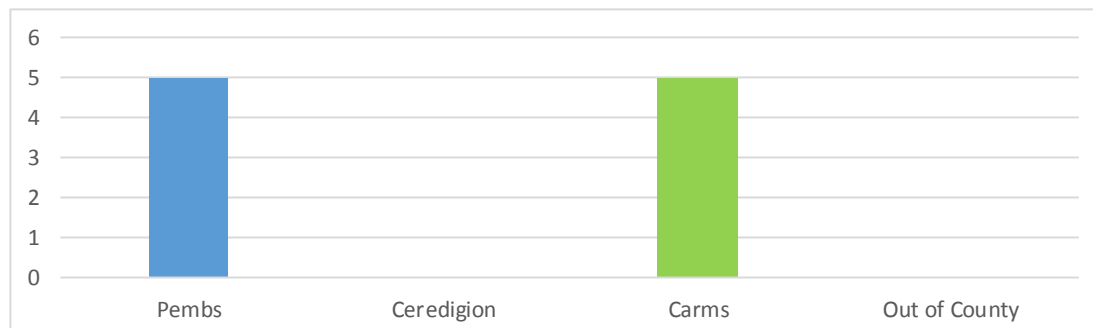
- Safeguarding children Level 3 training
- Have a valid enhanced DBS in place
- Undertaken specific training on the emotional and mental health needs of children and young people
- Training on the Mental Health Act and Social Services and Wellbeing (Wales) Act 2014.

All admissions to the mental health bed must be reported, initially as a DATIX, and followed by a Serious Untoward Incident report to Welsh Government in line with the Welsh Governments Admission Guidance Document.

Age Appropriate Bed



Admissions to Rainbow / Morlais Bed according to Locality:



Admission Outcomes

	Discharged Home	Onward Admission	Remains on Ward
Rainbow	5	0	0
Morlais	3	2	0

Locked Door

The doors were locked on the three acute wards for the full period of Quarter 1. This was to ensure a safe enclosed environment following the outbreak of the Coronavirus pandemic. Visitors to all areas across the Health Board have been extremely limited during this period.

A variety of methods are used on the elderly and learning disability wards to prevent vulnerable patients from leaving the ward, these include digital locks, automatic locks and keypad locks.

Exclusion of Visitors

Visitors to all areas across the Health Board have been extremely limited during this period due to the Coronavirus pandemic. There have been no reports by individual wards where a report on an exclusion of a particular visitor has been made.

Applications for Discharge to Hospital Managers and Mental Health Review Tribunal

There have been 7 applications for discharge made to the hospital managers during this quarter. However of these 7 no hearings have taken place as a result during the quarter. This is because:

- 3 cases were section 2 applications that had MHRTs pending within 7 days.
- 2 cases have been arranged to take place during Qtr 2.
- Guidance issued by Welsh Government in March advised where a MHRT was arranged 28 days either side of a Hospital Managers application in the interests of

public health a further hearing was ill advised. This is relevant to 2 applications during this quarter.

The hospital managers heard 21 renewals which is consistent with all previous quarters last year. The Code of Practice states renewal hearings should ideally be held before the section expiry date. Only 1 out of 21 renewal hearings were not listed before the section expiry date. This was as a result of unavailability of the Responsible Clinician. All renewals were upheld.

There were three applications for discharge made by a nearest relative during Qtr 1

- One was not eligible as they had already made an application within the last six months.
- One was discharged by the RC following the application by the nearest relative.
- One was barred by the RC which the Hospital Managers reviewed and ordered the discharge.

There were 36 applications/referrals to the Mental Health Review Tribunal (compared to 52, 65 & 74 in last three quarters). There were 22 hearings that took place during this quarter which is a significant decrease from the previous two quarters of 58 and 31.

There were 2 discharges by the MHRT (1 x Section 2 deferred discharge and 1 x Community Treatment Order).

All Hospital Managers and MHRTs during this quarter have taken place via Skype/teleconference.

The Mental Health (Wales) Measure 2010

The Mental Health (Wales) Measure 2010 is reported to the Committee on a quarterly basis in order to provide assurance that activity is closely monitored and that practice is compliant with the requirements of The Measure. The intention of the legislation is to ensure that people are able to access appropriate mental health support services, receive care that is co-ordinated by a named person, enables direct access back to services following discharge and that the entitlement to independent mental health advocacy is increased.

To achieve this the Measure is divided into four Parts:

Part 1 - The expansion of mental health services within primary care settings

Part 2 - The introduction of the statutory Care and Treatment Planning for individuals receiving secondary mental health services

Part 3 - Enabling former users of secondary mental health services who have been discharged to refer themselves back for assessment without having to first go to their GP

Part 4 - Expanding the Independent Mental Health Advocacy (IMHA) to informal patients.

Part 1 – Local Primary Mental Health Support Services

Part 1 of the Measure is monitored in two parts, Target 1 and Target 2 as detailed in the table below, this has been split between adult and CAMHS. Performance is being monitored by the Head of Adult Mental Health Services with the LPMHSS Team Leaders.

PART 1	Detail	APR 2020	MAY 2020	JUN 2020
Target 1	80% of assessments by the LPMHSS	94.2%	100%	98.9%

Adult	undertaken within 28 days from date of receipt of referral	104 service users	50 service users	92 service users
Target 1 CAMHS	80% of assessments by the LPMHSS undertaken within 28 days from date of receipt of referral	80.6% 36 service users	96.4% 55 service users	100% 24 service users
Target 2 Adult	80% of therapeutic interventions started within 28 days following an assessment by the LPMHSS	83.9% 87 service users	97.8% 46 service users	98.2% 57 service users
Target 2 CAMHS	80% of therapeutic interventions started within 28 days following an assessment by the LPMHSS	81.8% 11 service users	85.7% 7 service users	100% 9 service users

Part 2 – Care and Treatment Planning

PART 2	Detail	APR 2020	MAY 2020	June 2020
Measure 1	90% of LHB residents who are in receipt of secondary mental health services (all ages) to have a valid CTP	94.1% 2072 service users	95.6% 2054 service users	94% 2088 service users

Part 3 – Self Referral to Secondary Care for Former Service Users

PART 3	Detail	APR 2020	MAY 2020	JUNE 2020
Measure 1	Individuals are re-assessed in a timely manner; and a copy of a report to that individual is provided no later than 10 working days. (Total number of requests for re-assessment received) Target 100%	100% 8 service users	100% 6 service users	100% 11 service users

Part 4 – Independent Mental Health Advocacy

PART 4	Detail	APR 2020	MAY 2020	JUNE 2020
	100% of hospitals to have arrangements in place to ensure advocacy is available to all qualifying patients – Percentage of qualifying compulsory / voluntary patients have been offered advocacy services in the mental health services (Target 100%)	100%	96.7%	98.8%

The UHB was not compliant with part 4 of the Measure during May and June 2020. Health and local authority staff are taking joint responsibility for meeting targets. The breakdown of Part 4 where 100% compliance target was not achieved is as follows: OAMHS - 88.9% in May and 93.8% in June, Adult services – 98.0% in May. CAMHS and LD services reached the compliance targets.

Argymhelliad / Recommendation

- To discuss the Mental Health Legislation Assurance Committee Quarterly Assurance Report

Amcanion: (rhaid cwblhau)
Objectives: (must be completed)

Cyfeirnod Cofrestr Risg
Risk Register Reference:

Not applicable

Safon(au) Gofal ac Iechyd: Health and Care Standard(s): Hyperlink to NHS Wales Health & Care Standards	Governance, Leadership and Accountability
Amcanion Strategol y BIP: UHB Strategic Objectives: Hyperlink to HDdUHB Strategic Objectives	All Strategic Objectives are applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Statement	<ol style="list-style-type: none"> 1. Improve population health through prevention and early intervention 2. Support people to live active, happy and healthy lives 3. Improve efficiency and quality of services through collaboration with people, communities and partners
Deddf Llesiant Cenedlaethau'r Dyfodol (Cymru) 2015 - Pum dull o weithio: The Well-being of Future Generations (Wales) Act 2015 - 5 Ways of Working: Hyperlink to Well-being and Future Generations Act 2015 - The Essentials Guide	Please explain how each of the '5 Ways of Working' will be demonstrated
	Long term – can you evidence that the long term needs of the population and organisation have been considered in this work?
	Prevention – can you evidence that this work will prevent issues or challenges within, for example, service delivery, finance, workforce, and/or population health?
	Integration – can you evidence that this work supports the objectives and goals of either internal or external partners?
	Collaboration – The Mental Health Legislation Assurance Committee comprises external agencies, carer representatives and local authorities
	Involvement – can you evidence involvement of people with an interest in the service change/development and that this reflects the diversity of our population?

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Agendas, papers and minutes of the Mental Health Legislation Assurance Committee, Power of Discharge sub committee and scrutiny group
Rhestr Termau: Glossary of Terms:	Included within the body of the report.
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	The Mental Health Legislation Scrutiny Group

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Not Applicable
Ansawdd / Gofal Claf: Quality / Patient Care:	SBAR template in use for all relevant papers and reports.
Gweithlu: Workforce:	Not Applicable
Risg: Risk:	<p>Risk of non-compliance with the 1983 Act and with the Welsh Government's <i>Mental Health Act 1983 Code of Practice for Wales</i>; the <i>Mental Health (Wales) Measure 2010 Code of Practice</i>; and with the <i>Good Governance Practice Guide – Effective Board Committees (Supplementary Guidance) Guidance</i>.</p> <p>Safety of patients</p> <p>Assurance – use of statutory mechanisms</p>
Cyfreithiol: Legal:	Non-compliance with the Mental Health Act could result in legal proceedings being brought against the Health Board who is the detaining authority.
Enw Da: Reputational:	Not Applicable
Gyfrinachedd: Privacy:	Not Applicable
Cydraddoldeb: Equality:	Not Applicable



PWYLLGOR MONITRO'R DDEDDF IECHYD MEDDWL MENTAL HEALTH LEGISLATION ASSURANCE COMMITTEE

DYDDIAD Y CYFARFOD: DATE OF MEETING:	1st September 2020
TEITL YR ADRODDIAD: TITLE OF REPORT:	Mental Health Legislation Scrutiny Group Update
ARWEINYDD CYFARWYDDWR: EXECUTIVE LEAD:	Andrew Carruthers
SWYDDOG ADRODD: REPORTING OFFICER:	Kay Isaacs Head of Adult Mental Health

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Er Gwybodaeth/For Information

ADRODDIAD SCAA

SBAR REPORT

Sefyllfa / Situation

The Mental Health Legislation Scrutiny Group (the Group) was established as a Sub-Group of the Mental Health Legislation Assurance Committee (MHLAC) and was constituted from 14th July 2014. The group was re-established in November 2017 whereby Sara Rees, Head of Service Adult Mental Health took over Chairing duties. Sara Rees is now in the Interim Head of Nursing post and the new substantive AMH Head of Service Kay Isaacs was appointed in January 2020. The group as agreed that the vice chair will be Sarah Roberts, Mental Health Legislation Manager.

The purpose of the paper is to present to the Mental Health Legislation Assurance Committee an update from the Mental Health Legislation Scrutiny Group meeting held on Tuesday 11th of August 2020 and any subsequent work that the group have agreed to undertake. The meeting in August was the first meeting since Covid 19

Cefndir / Background

The following papers will be submitted as regular items on the MHLSG agenda in line with the principal duty of the scrutiny group as described within the Terms of Reference.

- Mental Health Act Use
- SCAMHS Update Report on admissions to the designated bed on Morlais Ward
- Mental Health Measure performance report
- Local Authority Data (no analysis) Three authorities to agree a format for reporting.(See Action Plan).
- CTP Audit Report
- Any other relevant report or memorandum of understanding

Papers are sent out to members of the MHLSG at least seven days in advance of the meeting and members are expected to read and submit agenda items should further scrutiny of the papers be required.

Asesiad / Assessment:

The Terms of Reference and membership of the group were reviewed to ensure that duplicate membership of MHLSG and MHLAC does not take place. The consensus of the group was the need to prioritise scrutiny in relation to Mental Health Act and Mental Health Measure in order to provide assurance and highlight any issues of concern to the committee.

The Action Table was reviewed and agreement continues to be sought in relation to the format for the MHA Local Authority reports.

Care and Treatment Planning Audit Report / patient experience. Meeting to be arranged for September with Senior Nurse from the Quality Assurance Team, Director WWAMH, Carer Representative, Mental Health Act Administrator and Scrutiny Group Chair.

Review of outstanding actions as part of Health Inspectorate Wales or Delivery Unit plans

Advocacy West Wales reports to be sent to the Ward Manager Forum and invitation sent for a representative from the Advocacy Network to attend Scrutiny

Aspire to produce a Wales Measure report in line with the MHA report

S136 review meeting. Due to Covid and an absence of key Dyfed Powys Police members no meetings have taken place although there has been liaison between the Health Board and Police. These meetings will start in September and we will agree a reporting arrangement for Scrutiny

The Medical Staff Committee meeting in June discussed the use of HB medics to undertake S136 interviews of detained individuals supported by Consultant Psychiatrist to avoid the practice of calling upon external section 12 Doctors. Guidance was issued in July to all 1st on call medics for them to undertake initial assessment with the support of on call consultant.

The Annual Report which was submitted to Board was included within the papers for information only. Clive Smith and Angie Darlington asked for an amendment to the report to indicate that there is an undoubted improvement in the understanding of the requirement but that achievement of the intent of the Measure is still work in progress for all who are involved.

The MHA Activity report was discussed and members felt that this should be given more focus at future meetings

The carer representative asked a question in relation to out of area placements that was not discussed at the meeting due to audio technology problems. In the first instance the Head of Commissioning has agreed to provide an update to Scrutiny with regard to a previous report he submitted in relation to this issue.

Argymhelliad / Recommendation

To acknowledge the Mental Health Legislation Scrutiny Group Update

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Committee ToR Reference
Cyfeirnod Cylch Gorchwyl y Pwyllgor

10.4.1 Report formally, regularly and on a timely basis to the Board on the Scrutiny Groups activity. This includes the submission of a Committee update report, as well as the presentation of an annual report within six weeks of the end of the financial year.

Cyfeirnod Cofrestr Risg Risk Register Reference:	
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	Governance, Leadership and Accountability
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic objectives are applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Statement	<p>Improve population health through prevention and early intervention</p> <p>Support people to live active, happy and healthy lives</p> <p>Improve efficiency and quality of services through collaboration with people, communities and partners</p>
Deddf Llesiant Cenedlaethau'r Dyfodol (Cymru) 2015 - Pum dull o weithio: The Well-being of Future Generations (Wales) Act 2015 - 5 Ways of Working:	Long term - the importance of balancing short-term needs with the need to safeguard the ability to also meet long-term needs
	Prevention – the importance of preventing problems occurring or getting worse
	Integration - the need to identify how the Health Board's well-being objectives may impact upon each of the well-being goals, on its other objectives, or on the objectives of other public bodies
	Collaboration – acting in collaboration with anyone else (or different parts of the organisation itself) which could help the Health Board to meet its well-being objectives
	Involvement - the importance of involving people with an interest in achieving the well-being goals, and ensuring that those people reflect the diversity of the area which the Health Board serves

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Agendas, papers and minutes of the Mental Health Legislation Scrutiny Group.
Rhestr Termiau:	MHL SG – Mental Health Legislation Scrutiny Group

Glossary of Terms:	<p>MHLOG – Mental health Legislation Operational Group</p> <p>CWCDG – Clinical Written Control Document Group</p> <p>MH/LD – Mental Health / Learning Disabilities</p> <p>WCDG – Written Control Document Group</p> <p>WMF – Ward Managers Forum</p> <p>CRHT – Crisis Resolution Home Treatment</p> <p>QAPD – Quality Assurance Practice Development</p> <p>AMH – Adult Mental Health</p> <p>IMHA – Independent Mental Health Advocate</p> <p>SSWA – Social Services and Wellbeing Act</p> <p>MHA – Mental Health Act</p> <p>MHM – Mental Health Measure</p> <p>DOL – Deprivation of Liberty</p> <p>HIW – Healthcare Inspectorate Wales</p> <p>CIW – Care Inspectorate Wales</p> <p>CHC – Community Health Council</p> <p>CTP – care and Treatment Plan</p> <p>CMHT – Community Mental Team</p> <p>CTLD – Community team Learning Disability</p> <p>OAMH – Older Adult Mental Health</p>
Parties / Committees consulted prior to the Mental Health Legislation Assurance Committee:	<p>MHLG</p> <p>Mental Health Act Legislation Legislation Manager</p>

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Non-compliance with Mental Health Legislation could result in legal proceedings being brought against the University Health Board.
Ansawdd / Gofal Claf: Quality / Patient Care:	SBAR template in use for all relevant papers and reports.
Gweithlu: Workforce:	SBAR template in use for all relevant papers and reports.
Risg/Cyfreithiol: Risk/ Legal:	<p>Risk of non-compliance with the 1983 Act and with the Welsh Government's <i>Mental Health Act 1983 Code of Practice for Wales</i>; the <i>Mental Health (Wales) Measure 2010 Code of Practice</i>; and with the <i>Good Governance Practice Guide – Effective Board Committees (Supplementary Guidance) Guidance</i>.</p> <p>Safety of patients</p> <p>Assurance – use of statutory mechanisms</p>
Enw Da: Reputational:	Not Applicable
Gyfrinachedd: Privacy:	Not Applicable

Cydraddoldeb: Equality:	Not Applicable
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PWYLLGOR SICRWYDD DEDDFWRIAETH IECHYD MEDDWL
MENTAL HEALTH LEGISLATION ASSURANCE COMMITTEE

DYDDIAD Y CYFARFOD: DATE OF MEETING:	01 September 2020
TEITL YR ADRODDIAD: TITLE OF REPORT:	Covid 19 Service Transformation Changes Brief
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Andrew Carruthers, Executive Director of Operations
SWYDDOG ADRODD: REPORTING OFFICER:	Ms Liz Carroll, Director MH&LD

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Er Gwybodaeth/For Information

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

This briefing is presented to update the Committee members on the changes implemented by Mental Health and Learning Disability Services in response to the COVID-19 Pandemic since March 2020.

Cefndir / Background

This briefing provides an update to the Committee on the work that has been progressed since the last meeting in December 2019 (The March 2020 was cancelled due to COVID-19).

Asesiad / Assessment

Since the Committee last met there have been some significant changes to services as explained below:-

ADULT MENTAL HEALTH

Aspects of the strategy aligned to Transforming Mental Health (7-day services, Central Assessment/Treatment Units, Soft 136, Third Sector prevention services) have been accelerated at pace during Covid crisis, in order to provide extended and more efficient Mental Health services. It is expected these will continue on a long-term basis if evaluation proves successful.

Co-location of Crisis Resolution Home Teams (CRHTs) and Community Mental Health Teams (CMHTs) in Haverfordwest, Carmarthen and Llanelli. Rotas have been altered to ensure these CMHTs are now 7 days a week on a 9am-5pm basis, the CRT remains operational on a 24/7 basis. Gorwelion in Aberystwyth had merged teams and provided 7 day week cover prior to Covid-19 developments.

Central Assessment Unit (CAU) model temporarily tested at Bryngofal inpatient ward. To support this change an alternative place of safety has been developed and is operation in Gorwelion, Ceredigion, and one is currently in development for Pembrokeshire.

A conveyance scheme to support service users flow to and from inpatient settings has been developed and is now operational. It is anticipated the scheme will support inpatient flow and add capacity to workforce.

NHS Liaison Covid 19 service in development. A senior nurse manager has been recruited to lead this service which will aim to provide a single cross age/speciality liaison team with a single point of referral. The team will support DGHs, field hospitals and is scoping out the need to liaise with residential placements for bespoke packages of care for MHL service users.

In Carmarthenshire the older adult liaison team and crisis and home treatment teams have allocated staff into an emergency liaison service, supported with an interim manager, to provide assessments consistently from a single point and ensure service continuity should staff numbers drop. Further, a referral system has been developed and a month long pilot will start on 12/08 with two departments in Glangwili. The pilot shall test the team's capability to be available 24/7 and to identify improvements which will need to be made before rolling the service to the wider health board.

All adult MH 3rd sector commissioned services have adapted service provision to offer telephone/online services on a 3-county basis where possible.

Clinical Coordinator posts were expedited and started on 30th of March. This service provides senior nursing care and clinical coordination out of hours, seven days per week.

Transforming Mental Health Business Case reviewed by Welsh Government and scrutiny questions sent back. Answers are currently being finalised by senior programme leads and will be sent back to Welsh Govt. in August 2020.

OLDER ADULT MENTAL HEALTH

Collapse of Memory Assessment Service into Older Adult CMHT to provide 7 day a week service, all referrals (both services) come to a single point of entry and are triaged/risk assessed for urgency and safety.

The Dementia Wellbeing team have developed guidance [Socially Isolating Individuals Living with Dementia] for care staff to support them looking after people living with dementia during the Covid -19 lockdown period for use in Care Home, Field and Acute Hospitals. The psychologist for this team has also been co-opted to work alongside Long Term Care Team to support staff resilience in the Care Homes.

LEARNING DISABILITIES

The Community Team for Learning Disability (CTLD) services is providing virtual support for its service users. The intensity of virtual support is increased for higher risk individuals, with face-to-face capacity for those who require it pending risk assessment.

The CTLD undertake welfare calls to keep in touch with patients and ensure they are remaining well.

Easy read documentation has been developed to reassure Learning Disability service users on Covid planning going forward.

Transforming Learning Disabilities Programme action plan and timeline scoped out. This is being currently being used to inform the priorities for advancing the Together for Mental Health Strategy.

SPECIALIST CHILD AND ADOLESCENT MENTAL HEALTH (S-CAMHS)

Contact with the Child/Young Person (CYP) and their families have been via telephone, working towards using digital platforms such as Microsoft Teams, Attend Anywhere and Patient Knows Best. Any essential home visits are initially risk assessed with appropriate PPE being used. Essential treatment and management is being conducted in Non-Covid clinic areas.

- Roll-out of 'My Health passport' distributing with the wider MDT.
- Ensuring families who are shielding are supported with daily essentials
- Collapse of teams into S-CAMHS crisis teams to consolidate and maintain service continuity over 7 days for crisis and assessment work.
- Discharge of S-CAMHS low risk patients to maintain support of higher risk patients.
- Discharged patients/ low risk patients at point of referral signposted to other support agencies, with ability to access the S-CAMHS Single Point of Contact if required.
- S-CAMHS Crisis teams have continued face to face working with all cases as high risk.
- Early Intervention Psychosis Service moved to 7 day service as the service users were classified as a high risk / vulnerable group.

COMMISSIONING

The MHLCD commissioning team have expanded discharge liaison activities to coordinate patient transfers and support patient flow from inpatient settings. The team are currently taking a lead role in identifying placements and facilitating transfer. The team link with providers, care coordinators and LA budget holders to accelerate discharge in order to support service user flow and ward capacity.

Argymhelliad / Recommendation

The Committee is asked to note the update on the current position within Mental Health & Learning Disability services in relation to COVID-19.

Amcanion: (rhaid cwblhau)	
Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not applicable
Safon(au) Gofal ac Iechyd: Health and Care Standard(s): Hyperlink to NHS Wales Health & Care Standards	All Health & Care Standards Apply Choose an item. Choose an item. Choose an item.
Amcanion Strategol y BIP: UHB Strategic Objectives: Hyperlink to HDdUHB Strategic Objectives	All Strategic Objectives are applicable

Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Statement	Improve efficiency and quality of services through collaboration with people, communities and partners Develop a sustainable skilled workforce Support people to live active, happy and healthy lives Choose an item.
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Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Not applicable
Rhestr Termiau: Glossary of Terms:	Included within the body of the report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Not applicable

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Any issues are identified in the report.
Ansawdd / Gofal Claf: Quality / Patient Care:	Any issues are identified in the report.
Gweithlu: Workforce:	Any issues are identified in the report.
Risg: Risk:	Any issues are identified in the report.
Cyfreithiol: Legal:	Any issues are identified in the report.
Enw Da: Reputational:	Any issues are identified in the report.
Gyfrinachedd: Privacy:	N/A
Cydraddoldeb: Equality:	<ul style="list-style-type: none"> Has EqIA screening been undertaken? No Has a full EqIA been undertaken? No



CYFARFOD BWRDD PRIFYSGOL IECHYD UNIVERSITY HEALTH BOARD MEETING

DYDDIAD Y CYFARFOD: DATE OF MEETING:	28 May 2020
TEITL YR ADRODDIAD: TITLE OF REPORT:	Mental Health Legislation Assurance Committee Annual Report 2019/20
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Judith Hardisty, Chair, Mental Health Legislation Assurance Committee
SWYDDOG ADRODD: REPORTING OFFICER:	Andrew Carruthers, Director of Operations

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Ar Gyfer Penderfyniad/For Decision

ADRODDIAD SCAA SBAR REPORT

Sefyllfa / Situation

The purpose of this paper is to present the Mental Health Legislation Assurance Committee's Annual Report for 2019/20.

The Mental Health Legislation Assurance Committee provides assurances in respect of work that has been undertaken by the Sub-Group during 2019/20 and that the terms of reference are being adequately discharged.

Cefndir / Background

Hywel Dda University Health Board's Standing Orders and the Terms of Reference for the Mental Health Legislation Assurance Committee (MHLAC) require the submission of an Annual Report to summarise the work of the Committee and to identify how it has fulfilled the duties required of it.

Whilst the Board retains overall responsibility and accountability for ensuring the quality and safety of healthcare for its patients, service users, staff and the wider public, it has delegated authority to the Committee to undertake functions as set out within the Terms of Reference of the Committee.

In respect of its provision of advice to the Board, the Mental Health Legislation Assurance Committee is required to:

- Review reports from Healthcare Inspectorate Wales visits, the Delivery Unit and other external scrutiny bodies and approve the action plans for monitoring through its sub-committee structure;
- Review the Mental Health & Learning Disabilities Risk Register bi-annually to ensure that risks relating to compliance with mental health legislation are being appropriately managed by the Mental Health Legislation Scrutiny Group;
- Receive Mental Health Legislation Scrutiny Group updates;
- Consider issues arising from its sub-committee and group structure;

- Receive the Hywel Dda Mental Health Partnership Board Annual Report and consider issues in relation to the implementation of the Mental Health Strategy across the Hywel Dda area;
- Receive update reports from the Mental Health Programme Group on improvement programmes for high quality, safe and sustainable mental health services which are consistent with the Board's overall strategic direction.
- Receive Hospital Manager's Power of Discharge Committee Update Report & Minutes from previous meetings.

The Terms of Reference for MHLAC were presented in December 2019 for review; however, it was agreed that, as the University Health Board's committee structure was being reviewed, the MHLAC Terms of Reference would be reviewed in April 2020 following approval of the new committee structure by the Board.

CONSTITUTION

Membership of the Mental Health Legislation Assurance Committee consists of Independent Members. The Vice Chair of the University Health Board (UHB) undertakes the role of Chair of the Committee given their specific responsibility for overseeing the Board's performance in relation to Mental Health Services. Membership of the Committee consists of four Independent Members only – for assurance purposes.

In attendance membership includes UHB manager representation, a wide range of partner organisations, including local authority, police, advocacy, user representation, carer representation, Welsh Ambulance Services NHS Trust and the Community Health Council. The Committee may also request the attendance of any other officers of the UHB as required.

Mr Andrew Carruthers replaced Mr Joe Teape as Director of Operations and took up his role as Executive Director at the meeting in December 2019.

MEETINGS

The Committee meets on a quarterly basis. During 2019/20, the Committee met on 3 occasions and was quorate at all meetings, as follows:

- 24th June 2019
- 17th September 2019
- 17th December 2019

Unfortunately, the meeting scheduled for 3rd March 2020 had to be postponed. As a result, the meeting was rescheduled to 6th April 2020, which was then cancelled due to COVID-19.

AREAS OF RESPONSIBILITY

In discharging its duties, the Committee receives information of all activity undertaken in relation to the 1983 Act and the MH Measure which includes:

- Regular reporting on the use of the Mental Health Act within the area served by the University Health Board;
- Regular reporting on the activity and compliance with the Mental Health (Wales) Measure 2010;
- Performance reporting;
- Healthcare Inspectorate Wales reviews.

SUB-COMMITTEE

The Committee has one Sub-Committee following the UHB's governance review in 2015; the Hospital Managers Power of Discharge Sub-Committee.

The Committee agreed to the establishment of the Hospital Managers Power of Discharge Sub-Committee (the Sub-Committee), made up of all Independent Members and Lay Members. Section 23 of the 1983 Act (the power of discharge) was delegated to the Sub-Committee. Officers can attend but are not members. A panel of three or more members drawn from the Sub-Committee hear individual cases where patients or their nearest relative have applied for discharge. The panels also sit on renewal hearings – these are collectively known as Hospital Managers reviews.

In respect of its provision of assurance to the Board, the Sub-Committee is required to:

- Review and monitor how the operation of the delegated functions under Section 23 of the 1983 Act are being exercised;
- Discuss the work of individual panels;
- Discuss the training requirements of review panel members;
- Discuss any impact of legislative change on the role of Hospital Managers;
- Highlight any impact of service changes; and
- Provide learning opportunities.

The Sub-Committee meetings are held three times each year and are divided into two parts: the first part deals with the Sub-Committee's governance and the second part has a training focus to ensure members are kept up to date with current legislation and of changes within the UHB.

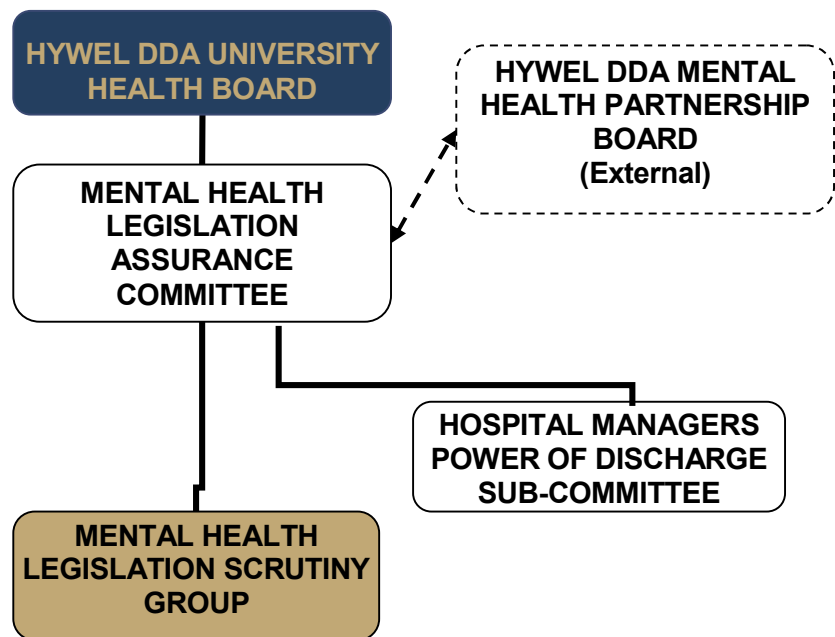
The Chair of the Sub-Committee is Professor John Gammon (Independent Member). This provides an additional level of assurance and scrutiny. The Mental Health Act administration lead is an attendee.

During the year members received training on the following areas:

- All Wales Hospital Managers Conference – Edge Training
- All Wales Hospital Managers Conference – Welsh Government in conjunction with Edge Training and Cardiff and Vale Health Board
- The role, responsibilities and conduct of advocates and legal representatives at reviews – Cara Young, Cambrian Law
- Deprivation of Liberty Safeguards (DoLS) – Steve Hughes, DoLS Coordinator

Compliance with Mental Health Legislation (Sub-Groups)

The Mental Health Legislation Assurance Committee had two Sub-Groups that provide additional layers of scrutiny to the UHB's compliance with statutory mental health legislation. Beneath the scrutiny group sat the operational group; the decision was taken by the Scrutiny group to disband the operational group following the May 2019 meeting. This was due to lack of attendance, similar membership within both groups and the fact that the majority of the operational issues could be addressed at the Ward Managers' Forum, which meets on a monthly basis.



SUB-GROUP

The Mental Health Legislation Scrutiny Group (Scrutiny Group) representation consists of senior service managers from health and local authority stakeholders. It also includes representatives of service users, carers and advocacy groups. It is chaired by the Head of Adult Inpatient Services and its Vice Chair will be the Mental Health Legislation Lead. It meets on a quarterly basis, four weeks prior to MHLAC. Its purpose is to scrutinise the UHB's compliance with mental health legislation and to investigate any areas of concern, independently or as directed by MHLAC. It reports directly to MHLAC through a quarterly performance paper and may also provide additional papers to MHLAC on areas of concern being investigated.

The role of the Scrutiny Group is evolving; however, its primary benefits to date have been to:

- More clearly identify any areas of concern and present greater clarity of exception reporting to MHLAC;
- Provide a clear line of communication between practicing clinicians and managers to the MHLAC assurance process;
- Quickly identify any areas of concern and instigate further investigation and intervention, thereby improving the quality of care delivery.

An away day took place during the year, to review the work in respect of the Strategy and the role of the Committee and Sub-Group.

Asesiad / Assessment

	Target	Apr 19	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan 20	Feb	Mar
Part 1, T1	80%	93.4%	87.3%	94.3%	85.8%	82.3%	91.3%	93.8%	88.6%	90.3%	68.6%	80.3%	86.8%
Part 1, T2	80%	89.9%	86.3%	88.0%	90.6%	87.0%	83.6%	84.9%	86.0%	85.8%	76.3%	83.2%	83.9%
Part 2	90%	90.9%	91.0%	91.6%	92.0%	94.5%	92.7%	93.9%	93.0%	94.8%	94.0%	94.4%	92.3%
Part 3	100%	100.0 %	100.0 %	100.0 %	100.0 %	100.0 %	64.3%	100.0 %	85.7%	80.0%	100.0 %	100.0 %	85.7%
Part 4	100%	97.2%	94.0%	100.0 %	96.2%	100.0 %	98.2%	100.0 %	98.4%	100.0 %	100.0 %	100.0 %	100.0 %

Part One – Target One – Assessed within 28 days of referral

Target Two – Treated within 28 days of assessment

Compliance with this target has been consistent in the main – the services are made up of small teams of staff which are sensitive to vacancies and sickness absence. Waiting time initiatives are used at times, resourced by funding available through vacancies.

Part Two – Patients in secondary care to have a valid Care and Treatment Plan

The service has been consistently compliant, albeit marginally at times. Fluctuations are mostly seen in adult services in teams where there are vacancies – this target is monitored at service level.

Part Three – 100% of assessment reports sent within ten working days

There is some variation in compliance with this target; the numbers of individuals involved are small.

Part Four – (Internal Target) – All patient admissions offered Independent Mental Health Advocate

The variation in compliance with this target is largely down to the adult acute inpatient units and is often due to higher levels of acuity as well as instances where patients on admission are less receptive to a discussion about advocacy services.

Inspections

The last joint thematic review (Healthcare Inspectorate Wales and Care Inspectorate Wales) of a Community Health Team was carried out at Brynmair Clinic in December 2019.

There were unannounced Healthcare Inspectorate Wales visits to:

- Bro Myrddin (Learning Disabilities NHS Residential setting) – April 2019
- Bryngofal Ward, Prince Philip Hospital, Llanelli – April 2019
- St Caradog and St Nons Wards, Bro Cerwyn, Haverfordwest – June 2019

Action plans are devised for each visit that takes place and these are monitored through the Mental Health and Learning Disabilities Quality, Safety and Experience Sub-Committee. The MH&LD QSEASC was stood down in March 2020 in line with recommendation of the UHB

governance review. MH&LD will report through the Operational Quality Safety & Experience Sub Committee in the future. There will be a separate MH&LD Quality Assurance Meeting.

Other Areas of Responsibility

- The Committee noted the updated Locked Door Policy and Section 135 Procedure.
- The Committee was provided with an update on the use of Section 136 following the implementation of the Policing and Crime Act in 2017.
- The Committee noted the content of the Local Mental Health Partnership Board Annual report.
- The Committee was provided with updated report on the learning disability service improvement programme.
- The Committee also noted the updated Mental Health Review Tribunal for Wales Practice Directions of November 2019.

Annual Work Plan

The Committee will continue to review all work undertaken by the UHB which lies within its remit and provide assurance to the Board that its statutory obligations are being met.

The Committee takes an annual work plan-based approach to the management of its work and reminds members and stakeholders at every meeting that they can influence this work plan at any time. In addition to the previous work highlighted within this paper, this included:

- Regular updates from the Mental Health Programme Group on the transformation project
- Regular updates on the All Wales Benchmarking report based upon MHA usage data
- Regular updates from the Mental Health Partnership Board. The Committee will continue to receive regular updates throughout 2020/21
- Regular updates on out-of-area placements
- Service user representations including service user sharing stories and experiences

Argymhelliad / Recommendation

The Board is requested to endorse the Mental Health Legislation Assurance Committee Annual Report 2019/20.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not applicable
Safon(au) Gofal ac Iechyd: Health and Care Standard(s): Hyperlink to NHS Wales Health & Care Standards	Governance, Leadership and Accountability 2. Safe Care 3. Effective Care 4. Dignified Care
Amcanion Strategol y BIP: UHB Strategic Objectives: Hyperlink to HDdUHB Strategic Objectives	All Strategic Objectives are applicable

Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Statement	Support people to live active, happy and healthy lives Improve efficiency and quality of services through collaboration with people, communities and partners
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Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Agendas, papers and minutes of the Mental Health Legislation Assurance Committee meeting 2019/20
Rhestr Termiau: Glossary of Terms:	Included within body of the report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Director of MH&LD Vice Chair/Chair of Mental Health & Legislation Assurance Committee

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	A sound system of internal control, as evidenced in the Committee's Annual Report, will assist with ensuring financial control, and the safeguard of public funds
Ansawdd / Gofal Claf: Quality / Patient Care:	SBAR template in use for all relevant papers and reports.
Gweithlu: Workforce:	SBAR template in use for all relevant papers and reports.
Risg: Risk:	SBAR template in use for all relevant papers and reports.
Cyfreithiol: Legal:	A sound system of internal control, as evidenced in the Committee's Annual Report, ensures that any risks to the achievement of the Health Board's objectives are identified, assessed and managed. Compliance with the Health Board's Standing Orders, and the Committee's Terms of Reference, requires the submission of an Annual Report to the Board.
Enw Da: Reputational:	Not applicable
Gyfrinachedd: Privacy:	Not applicable
Cydraddoldeb: Equality:	SBAR template in use for all relevant papers and reports.



PWYLLGOR MONITRO'R DDEDDF IECHYD MEDDWL MENTAL HEALTH LEGISLATION ASSURANCE COMMITTEE

DYDDIAD Y CYFARFOD: DATE OF MEETING:	1 September 2020
EITEM AR YR AGENDA: TITLE OF REPORT:	Draft Section 5(4) Nurses Holding Power Policy
ARWEINYDD CYFARWYDDWR: EXECUTIVE LEAD:	Andrew Carruthers, Executive Director of Operations.
SWYDDOG ADRODD: REPORTING OFFICER:	Mrs Liz Carroll, Head of Nursing MH&LD, Lead Officer

Pwrpas yr Adroddiad (dilewch fel yn addas)

Purpose of the Report (delete as appropriate)

Ar Gyfer Penderfyniad For Decision	Ar Gyfer Trafodaeth For Discussion	Er Gwybodaeth For Information
	√	

ADRODDIAD SCAA

SBAR REPORT

Sefyllfa / Situation

The purpose of the paper is to present to the Mental Health Legislation Assurance Committee the draft Section 5(4) Nurses Holding Power policy. This policy has had a 3 yearly review and was agreed by the MH written control documents group on the 21 August. Following the Committee's approval it will be presented to Clinical Written Control Documents Group in September 2020.

This policy was developed to guide staff on the implementation and management of nurses holding powers (Section 5(4)) in accordance with the Mental Health Act 1983 as amended by MHA 2007 and Code of Practice for Wales 2016 (Code of Practice).

Holding powers when implemented authorise the detention of a patient in the hospital for a maximum of six hours so that a patient can be assessed with a view to an application for detention under the Act being made.

Cefndir / Background

Under section 5(4) nurses of a prescribed class may detain a hospital inpatient who is already receiving treatment for the mental disorder for up to six hours. The decision to invoke the power is the personal decision of the nurse, who cannot be instructed to exercise the power by anyone else. This power may only be used where the nurse considers:

- The patient is suffering from mental disorder to such a degree that it is necessary for the patient to be immediately prevented from leaving the hospital, either for the patient's health or safety or the protection of other people.
- The patient is not an informal patient who is also subject to a community treatment order.
- It is not practicable to secure the attendance of a doctor or approved clinician who can submit a report under section 5(2).

Assesiad / Assessment

The Section 5(4) Nurses holding policy covers mental health patients within mental health inpatient settings. Hospital managers must ensure that those acting on their behalf are competent to do so and receive suitable training to ensure they exercise their functions appropriately to ensure the functions are carried out on a day to day basis.

The hospital managers must ensure that patients are detained only as the Act allows, that their treatment and care fully comply with it, and that the patients are fully informed of, and are supported in exercising, their statutory rights. Hospital managers must also ensure that a patient's case is dealt with in line with other legislation which may have an impact, including the Human Rights Act 1998 and the Data Protection Act 1998.

Argymhelliad / Recommendation

- To discuss the updated Section 5(4) Nurses Holding Power Policy.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Safon(au) Gofal Iechyd: Healthcare Standard(s):	Staying Healthy, Safe Care, Effective Care, Dignified Care, Timely Care, Individual Care, Staff and Resources.
Amcanion Strategol y BI: HB Strategic Objectives:	The Mental Health Legislation Assurance Committee provides an assurance to the Board of the organisation's compliance with primary legislation in Wales including the Mental Health Act (1983), with the 2007 amendments, and the Mental Health (Wales) Measure 2010

Gwybodaeth Ychwanegol:

Further Information:

Ar sail tystiolaeth: Evidence Base:	N/A
Rhestr Termiau: Glossary of Terms:	Outlined in report
Partïon / Pwyllgorau â monitro'r ddeddf Iechyd Meddwl Parties / Committees consulted prior to Mental Health Legislation Assurance Committee:	The Mental Health Legislation Scrutiny Group

Effaith: (rhaid cwblhau)

Impact: (must be completed)

Ariannol / Gwerth am Arian: Financial / VFM:	Non-compliance with the Mental Health Act could result in legal proceedings being brought against the Health Board who is the detaining authority.
Risg / Cyfreithiol: Risk / Legal:	Risk of non-compliance with the 1983 Act and with the Welsh Government's <i>Mental Health Act 1983 Code of Practice for Wales</i> and with the <i>Good Governance Practice Guide – Effective Board Committees (Supplementary Guidance) Guidance</i> . Safety of patients

	Assurance – use of statutory mechanisms
Answadd / Gofal Claf: Quality / Patient Care:	There is a patient representative on the Mental Health Legislation Assurance Committee.
Gweithlu: Workforce:	N/A
Cydraddoldeb: Equality:	N/A

Section 5(4) Nurses Holding Power Policy

Mental Health Act, 1983

Policy Number:	626	Supersedes:	N/A	Classification	Clinical
Version No	Date of EqIA:	Approved by:	Date of Approval:	Date made Active:	Review Date:
V1	07.08.17	CWCDG	14/12/2017	14/12/2017	14/12/2020
V2	04.08.20				

Brief Summary of Document:	Section 5(4) allows a registered mental health or learning disability nurse to detain an inpatient for a maximum period of up to 6 hours in order for their assessment under the Mental Health Act. The policy provides information on how and who can implement it.
Scope:	Any mental health and learning disability inpatient setting where any person including children are receiving treatment for their mental disorder
To be read in conjunction with:	363 - Hospital Managers Scheme of Delegation Policy, 374 - Mental Capacity Act, Section 5(2) 596 - Doctors Holding Power Policy

Owning Committee	Mental Health Legislation Assurance Committee Mrs Judith Hardisty, Vice Chair
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Executive Director:	Mr Andrew Carruthers	Job Title	Executive Director of Operations
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HYWEL DDA UNIVERSITY HEALTH BOARD

Reviews and updates		
Version no:	Summary of Amendments:	Date Approved:
1	New Policy	14/12/2017
2	Amendments to Executive Director and MH meeting structure	

Glossary of terms

Term	Definition
AC	Approved Clinician – A mental health professional approved by the Welsh Ministers to act as an approved clinician for the purposes of the Act. In practice, Health Boards take these decisions on behalf of the Welsh Ministers
CTO	Community Treatment Order – Written authorisation on a prescribed form for the discharge of a patient from detention in a Hospital onto supervised community treatment
Form HO13	Statutory Welsh form to be completed by qualified nurse when implementing section 5(4)
RC	Responsible Clinician - The approved clinician with overall responsibility for the patient's case
IMHA	Independent Mental Health Advocate – An advocate independent of the team involved in patient care available to offer support to patients.
AMHP	Approved Mental Health Professional – A professional with training in the use of the Act, approved by a local authority to carry out a number of functions under the Act.
Mental Capacity Act (2005)	An Act of Parliament that governs decision-making on behalf of people who lack capacity, both where they lose capacity at some point in their lives and where the incapacitating condition has been present since birth.
MHRTfW	Mental Health Review Tribunal for Wales – A judicial body that has the power to discharge patients from detention, community treatment orders, guardianship and conditional discharge
Part 4, Mental Health Act	The Part of the Act which deals mainly with the medical treatment for mental disorder of detained patients (including conditionally discharged and community treatment order patients who have been recalled to hospital). In particular, it sets out when they can and cannot be treated for the mental disorder without their consent.
Section 2	Compulsory admission of a patient to hospital for assessment and for detention up to 28 days
Section 3	Compulsory admission to hospital for treatment and detention for up to six months
Section 17 leave	Formal permission for a patient who is detained in hospital to be absent from the hospital for a period of time; patients remain under the powers of the Act when they are on leave and can be recalled to hospital if necessary in the interests of their health or safety or for the protection of others.
Section 133	The duty of hospital managers to inform nearest relatives of a patient's discharge.

HYWEL DDA UNIVERSITY HEALTH BOARD

Keywords

Section 5(4), Nurses Holding Power, Mental Health Act, 1983

HYWEL DDA UNIVERSITY HEALTH BOARD

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HYWEL DDA UNIVERSITY HEALTH BOARD

1. INTRODUCTION

Under section 5(4) nurses of the prescribed class may detain a hospital inpatient who is already receiving treatment for the mental disorder for up to six hours. The decision to invoke the power is the personal decision of the nurse, who cannot be instructed to exercise the power by anyone else. This power may only be used where the nurse considers:

- The patient is suffering from mental disorder to such a degree that it is necessary for the patient to be immediately prevented from leaving the hospital, either for the patient's health or safety or the protection of other people.
- The patient is not an informal patient who is also subject to a community treatment order.
- It is not practicable to secure the attendance of a doctor or approved clinician who can submit a report under section 5(2).

2. POLICY STATEMENT

This policy has been developed to guide staff on the implementation and management of nurses holding powers (section 5(4)) in accordance with the Mental Health Act 1983 (Act). This guidance has been developed in line with the Mental Health Act 1983 Code of Practice for Wales 2016 (Code of Practice).

Holding powers when implemented authorises the detention of the patient in a hospital for a maximum of six hours so the patient can be assessed with a view to an application for detention under the Act being made.

3. SCOPE

The Health Board has in place appropriate governance arrangements to monitor and review the exercise of functions under the Act on its behalf. The Mental Health Legislation Assurance Committee is specifically for this purpose.

This policy relates to any mental health and learning disability inpatient setting where any person including children is receiving treatment for their mental disorder.

4. AIM

The aims of this policy are to:

- Ensure staff are aware of their individual and collective responsibilities when considering and assessing individuals before implementing holding powers.
- Provide clear guidance to staff in relation to their legal responsibilities under the Act
- Ensure that statutory requirements under the Act are met.

5. OBJECTIVES

Qualified Mental Health and Learning Disability Nurses should have due regard to the NMC Code of Practice, the Mental Health Act Code of Practice for Wales and specifically to its guiding principles when they are considering the use of nurses holding powers. This would ensure that considerations are given as to whether the objectives can be met in a less restrictive way.

6. DUTIES AND RESPONSIBILITIES OF NURSES OF THE PRESCRIBED CLASS

A nurse of the prescribed class is defined in the Mental Health (Nurses) (Wales) Order 2008 as a nurse registered in sub-part 1 or 2 of the nurses part of the Register of the Nursing and Midwifery Council, with a recordable qualification in mental health or learning disability nursing as follows:

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A nurse registered in **Sub-part 1** of the register, whose entry includes an entry to indicate the nurse's field of practice is mental health nursing
Sub-part 2 of the register, whose entry includes an entry to indicate the nurse's field of practice is mental health nursing
Sub-part 1 of the register, whose entry includes an entry to indicate the nurse's field of practice is learning disabilities nursing
Sub-part 2 of the register, whose entry includes an entry to indicate the nurse's field of practice is learning disabilities nursing

7. ASSESSMENT PRIOR TO IMPLEMENTATION

Before using the power, nurses should make as full as assessment as possible in the circumstances, but sometimes it may be necessary to invoke the power on the basis of only a brief assessment e.g. when events occur very quickly and the patient is determined to leave, the result of which could potentially have serious consequences if the patient was successful in leaving.

When making a full assessment they should assess:

- The likely arrival of the doctor or approved clinician
- The likely intention of the patient to leave, as it may be possible to persuade the patient to wait until a doctor or approved clinician arrives
- The harm that might occur to the patient or others if the patient were to leave the hospital before the doctor or approved clinician arrives. In this regard, the nurse should consider all aspect of the patient's communication and behaviour, including:
 - The patient's expressed intentions
 - The likelihood of the patient harming themselves or others, or behaving violently
 - Any evidence of disordered thinking
 - Any changes to their usual behaviour and any history of unpredictability or impulsiveness
 - Dates of special significance for the patient
 - Any recent disturbances on the ward
 - Any relevant involvement of other patients
 - Any formal risk assessments, which have been undertaken
 - Any other relevant information

The use of the holding power permits the patient's detention for up to six hours or until a doctor or approved clinician with the power to use section 5(2) arrives at the place the person is being detained, whichever is the earlier. Detention under section 5(4) cannot be renewed although this does not prevent it from being used on more than one occasion if necessary.

The patient is detained from the moment the nurse makes the necessary record. The reasons for invoking the power and the time this was done should be entered on Care Partner, the patients' electronic record. A Form HO13 is completed by the nurse along with a local incident report form (Appendix A). These documents must then be securely faxed and posted to the Mental Health Act administration team in adherence to 238 – Information Governance Framework Policy.

A nurse using section 5(4) should use the least restricting intervention to prevent the patient leaving hospital.

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The nurse must be fully aware of the diverse needs of the patient when considering detention and must take them in to account at all times. They must ensure the patient fully understands what is happening to them in a language and format which they are able to understand, this will include sensory and cognitive abilities and physical impairment. Where necessary, an interpreter should be obtained.

The nurse should ensure that the patient is made aware of their rights under the Act and this is documented in the patients' notes. Information and leaflets are available to download from the Hywel Dda intranet.

Hospital managers should ensure suitably qualified, experienced and competent nurses are available to all wards where there is a possibility of section 5(4) being invoked.

8. DOCTOR/APPROVED CLINICIAN RESPONSIBILITIES

The use of section 5(4) is an emergency measure, and the doctor or approved clinician with the power to use section 5(2) in respect of the patient should treat it as such and arrive as soon as possible. The doctor or approved clinician should not wait the maximum time of six hours before attending.

The power to detain lapses once the doctor or approved clinician arrives to assess the patient. The time at which the patient ceased to be detained under section 5(4) should be recorded on care partner, the patient's electronic record, together with the reasons and outcome.

9. MENTAL HEALTH ACT ADMINISTRATOR RESPONSIBILITIES

- The Mental Health Act administrator will ensure that all relevant documents are received within the Mental Health Act administration team including the Local Incident Report Form.
- The Mental Health Act administrator will carry out the scrutiny of documents and ensure that forms comply with guidance and the persons completing the forms are authorised to do so.
- The Mental Health Act administrator will ensure that correspondence is sent to the nearest relative, if the patients' written permission has been obtained.
- The Mental Health Act administrator will ensure that the original detention papers are filed in the patients' statutory file within the Mental Health Act administration team.

10. SECTION 17 LEAVE

A patient detained on section 5 (4) cannot receive section 17 leave. They are not detained by virtue of either an application under section 2 or section 3 and therefore do not have a Responsible Clinician to grant such leave.

11. COMMUNITY TREATMENT ORDER PATIENTS

Section 5(4) is not applicable to a patient subject to a Community Treatment Order (CTO). Patients can be recalled even during periods when they are in-patients. Therefore where it is considered necessary, the recall procedure must be used to detain the patient and within the 72 hours allowed a decision must be made whether to revoke the CTO.

Section 5(4) cannot be used to keep a patient in hospital after the end of the 72 hour recall period if the CTO has not been revoked.

12. SECTION 18 ABSENT WITHOUT LEAVE (AWOL)

A patient detained under section 5(4) who leaves the hospital is AWOL and can be retaken (into care) but only within the six hour period.

13. INAPPROPRIATE USE OF SECTION 5(4)

Section 5(4) cannot be used in the following circumstances:

- For an outpatient attending an accident and emergency department or any other outpatient facility.
- For a patient who is already liable to be detained under section 2, section 3 or section 4, or who is subject to a CTO.
- Is not to be used as a holding power simply for the purpose of persuading the patient to stay.

Patients should not be informally admitted with the sole intention of then using the holding power.

14. ENDING OF SECTION 5(4)

Section 5(4) holding powers last for a maximum of six hours and cannot be renewed.

Detention under section 5(4) will end if:-

- The result of the assessment is a decision not to make an application under section 2 or section 3.
- An application under section 2 or section 3 is made.
- The patient is discharged for clinical reasons before an assessment can be undertaken.

The patient should be informed once they are no longer held under section 5(4) and advised of the reasons why. If this is because section 2 or section 3 was not applied, the patient should be informed they are free to leave hospital.

15. MEDICAL TREATMENT OF PATIENTS

Patients subject to section 5(4) are not subject to consent to treatment provisions contained in Part 4 of the MHA. If the patient is mentally capable of making a decision about treatment, the common law enables them to refuse to be treated for either a physical or mental disorder. However, if the patient is assessed as being mentally incapable of making a decision about treatment, the treatment can be provided under the Mental Capacity Act 2005 if it is deemed to be in their best interests.

16. TRANSFER TO OTHER HOSPITALS

Patients detained under section 5(4) cannot be transferred to another hospital under section 19, because they are not detained by virtue of an application made under Part 2 of the Act. This includes transfer between hospitals managed by the same hospital managers.

A patient who is subject to section 5(4) of the Act but needs to go to another hospital urgently for treatment, security or other exceptional reasons, can only be taken there if they consent to the transfer. If the patient lacks capacity to consent to the transfer, any transfer must be carried out in accordance with the MCA.

If, following transfer, the patient tries to leave the receiving hospital, a new situation will have arisen. In this circumstance, the receiving hospital may need to use section 5(4) to provide authority to detain the patient in that hospital.

In all cases, if the conditions are met, an emergency application for detention under section 4 of the Act could be made by the sending hospital. The patient could then be transferred to the

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receiving hospital under section 19. Alternatively, an emergency application under section 4 could be submitted to the managers of the receiving hospital.

17. APPEALS

A patient detained under section 5(4) cannot make an application to the Mental Health Review Tribunal for Wales or appeal to the hospital managers.

18. MONITORING

Day to day monitoring of all aspects of Mental Health Act documentation are carried out by the Mental Health Act administration team. Areas of non compliance are addressed immediately with the patient's multi disciplinary team. If the issues are to do with treatment they can be escalated to the Service Manager. If there is a need to escalate further these Issues can be discussed at Mental Health Scrutiny Group and ultimately to Mental Health Legislation Assurance Committee.

Hospital managers should monitor the use of section 5(4), including:

- How quickly patients are assessed for detention and discharged from the holding power
- The proportion of cases in which applications for detention are, in fact, made following use of section 5(4).
- Ensure the patients are made aware of their rights under section 132 of the Mental Health Act.

19. TRAINING

The health board will provide ongoing training for staff who have a delegated duty under the scheme of delegation. Details of training courses available can be found by contacting the Mental Health Act administration team.

20. RESPONSIBILITIES

20.1 Chief Executive

The Chief Executive Officer has overarching responsibility for ensuring that Hywel Dda University Health Board (H DUHB) is compliant with the law in relation to the Mental Health Act.

20.2 Executive Lead

The Director of Operations is the Executive Lead for Mental Health and Learning Disabilities and has overarching responsibility for ensuring compliance with the contents of this policy.

20.3 Qualified mental health and learning disability nurses

All qualified nursing staff caring for patients on mental health inpatient wards should be familiar with the procedures detailed in the document and other related policies.

20.4 Mental Health Act Administration Team

The mental health act administration team are responsible for monitoring the use of Section 5(4)

21. REFERENCES

All staff will work within the Mental Health Act 1983 and in accordance with the Code of Practice for Wales 2007, Mental Capacity Act 2005, and Human Rights Act 1998.

Mental Health Act 1983 - www.legislation.gov.uk/ukpga/1983/20/contents

Mental Capacity Act 2005 - www.legislation.gov.uk/ukpga/2005/9/schedule/7

Mental Health Review Tribunal for Wales - www.justice.gov.uk/tribunals/mental-health

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Human Rights Act 1998 - www.legislation.gov.uk/ukpga/1998/42/contents
<http://www.legislation.gov.uk/wsi/2008/2441/article/2/made>

NMC Code of Practice 2015 www.nmc.org.uk/standards/code/

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22.APPENDIX A - MENTAL HEALTH ACT 1983 – NURSES HOLDING POWER – SEC.5(4)

Full name _____
and address _____
of Nurse _____
(of prescribed _____
class) _____

used section 5(4) (Nurses Holding Power) to detain

Patients full name _____

Ward name _____

Currently an Informal In-patient on _____ (Ward)

in _____ Hospital/Unit

Reasons for using
section 5(4) _____

Date & time section 5(4) implemented: _____

Date & time section 5(4) expires: _____

RC/AC/Nominated Deputy contacted at: Time _____

Date _____

Signed _____ Date _____

N.B. This form should be completed and attached to the Section 5(4) papers and sent to the Mental Health Act Administration Team, 2nd Floor, Hafan Derwen, St David's Park, Carmarthen